## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L45863

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Principal Piec 5640 COLLINS' 7C MIAMI BEACH US	AVE FL 83140	Mailing Address 5640 COLLINS AVE 7C MIAMI BEACH FL 33140-24	. , 440	3. Date Incorporated or Qualified 01/22/1990	3a. Date of Last Report 03/21/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0173221	Applied For Not Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
	·	27		9. Certificate of Status Desired	Fee Required
City & Stat	Đ	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	
4	25 9. Name and Address of Curre	29	30	Florida Statutes  10. Name and Address of New R	Yes No
11. Pursuant office or r agent I a	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607 1508, Florida Statut te of Florida. Such change was a gations of, Section 607 0505, Flo	es, the above-named corporatorida Statutes.	poration submits this statement for the ion's board of directors. I hereby acce	PL 85 Zip Code purpose of changing its registere pt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOT	E: Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLYNN, MICHAEL R. 1367 NE 162ND ST. N. MIAMI BEACH FL	□ beene	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Ly Change Ly Addition
TITLE NAME STREET ADDRESS	D BIELEY, PEGGY 5640 COLLINS AVE #7C	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	MIAMI BEACH FL		O 4 O TO CT TO		
NAME STREET ADDRESS		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Additi
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, I further certify that the information indicated on this annual report or sup) temental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or two receiver or Justge empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if charged or on an attention with an address