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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

121

FILED May 02 1997 8:00am Secretary of State

1. Corporatio	TERPRISES, INC. se of Business AL LANE	Mailing Address 1661 BALMORAL LANE INVERNESS IL 60067-4700 US	5		
				 Date Incorporated or Qualified 01/29/1990 	3a. Date of Last Report 05/01/1996
1	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0175059	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	County	28	T 6	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032,] Yes □ No
27	9. Name and Address of Curren		1301	10. Name and Address of New Reg	
PINI	KERMAN, JAMES		81 Name		
570 S. HEATHWOOD			82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
MARCO ISLAND FL 33937			83		
			B3		
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607,050 registered agent, or both, in the State im familial with, and accept the oligi	2 and 607.1508, Florida Statu of Florida. Such change was Mions of, Section 607.0505, F	ites, the above-named c authorized by the corpo lorida Statutes.	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
SIGNATURE	Signalure Typed or printed name of registered agr	WMA_ rut and the Papplicable (NO	TAMUS Y/ It Registered Agent's gnature in	NKERMAN 4	-22-97 DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	PINKERMAN, JAMES		1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	1661 BALMORAL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS IL		1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PINKERMAN, KAREN		2.2 NAME		
STREET ADDRESS	1661 BALMORAL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS IL	DELETE	2.4 CHY-ST-ZIP 3.1 TITL(Change Addition
NAME	PINKERMAN, KAREN	better	3.2 NAME		: Conside Til vontion
STREET ADDRESS	1661 BALMORAL LN		3 3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS IL		3.4. CITY+ \$1 - 2iI ⁵		
TITLE		☐ DELF1E	4.1 TITLE		Change Addition
NAMÉ			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY - \$1 - ZIP 5.1 TH F		Change Addition
NAME			5.2 NAME		Shango noutron
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP			5.4 CITY - 51 - ZIP		
TITLE		DELETE	6.1 THEE		Change Addition
NAME	I		G2 NAME		

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 Statutes. I further certify that the information indicated on this annual report or supplemental 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 the resolver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or or an altergramment with an address.