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 #

(1)

Mailing Address 7811 NW 68TH AVE. TAMARAC FL 33321-4913
2a. Mailing Address
26

FILED Apr 15 1997 8:00am Secretary of State



Driver of Dis	ce of Busines			Acilian Address								
7811 NW 68T TAMARAC FL	TH AVE.	ess Mailing Address 7811 NW 58TH AVE. TAMARAC FL 33321-4913										
									3. Date Incorporated or Qualified 03/01/1990		ate of Last 01/1996	•
	Place of Busin	ness	28	Mailing Add	dress				4. FEI Number		الز	Applied For
21			26	<u> </u>	******				65-0178181			Not Applicable
Suite, Apt			27	Suite, Apt. i					5. Certificate of Status Desired			Additional Required
City & Str	ate		28) 				6. Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees
, <i>Z</i> -p		Country		Zip 1	1	Count	ry		8. This corporation has liability for	or intangible	tax under	s. 199.032,
24		25	29			30			Florida Statutes	Yes		
		and Address of Cur	rent Hegi	istered Agent	[1	Name	10. Name and Address of New	Registered	Agent	
	OLERCIO, D					ľ	"]	Name				
	5760 ROCK ISLAND RD #331 TAMARAC FL 33321						2	Street Addre	ess (P.O. Box Number is Not Accep			
						Į	3			•		. <i>i</i>
						8	14	City		FL	85 Zi	p Code
office or agent 1 SIGNATURE	r registered ag am familiar w	gent, or both, in the St ith, and accept the of securing hand of registered	ate of Flor digations agent and to	rida. Such cha of, Section 60 he if applicable	ange was at 17.0505, Flor	uthorized rida Statul Registered A	by les	the corporati	oration submits this statement for the lon's board of directors. I hereby acc ed when reinstating)	DATE	oointment a	as registered
12.		OFFICERS	AND DIRE		DELETE	13.			ADDITIONS/CHANGES TO OF	ICERS AND		
THEF	PD	OIO DEBODALI		Ш	DELETE	1.1 TITLE					L Change	e Addition
NAME		cio, deborah W. 68th ave				1.2 NAM						
STEELT ADDRESS	TAMARA							ADDRESS				
CITY - ST - ZIP	ייייייייייייייייייייייייייייייייייייייי	WIL .			DELETE	1.4 CITY		1 - 219			Change	e Addition
TITLE NAME				' لــــا	OLLETE	2.1 TITU 2.2 NAM					C Orange	, LI Addition
STREET ADDRESS								ADDRESS				
CITY - S1 - ZIP	' 					2.4 CIT						
TILLE					DELETE	3,1 TITLI		1 LIF			Change	e Addition
NAME						3,2 NAM						
STREET ADDRESS								ADDRESS				
CITY ST ZIP	{					3.4. C(T)						
TUTLE					DELETE	4.1 TITLE					Changi	e Addition
NAME						4. 2 NAM	ME.					
STREET ADDRESS	s					4.3 STR	EET	ADDRESS				
CITY ST-ZIP						4.4 CITY	- S1	T-ZIP				
HHF					DELETE	5 1 TITL	E				Change	e 🔲 Addition
NAME						5.2 NAM	1E					
STREET ADDRESS	3					5.3 STRI	EET	ADDRESS		•		
CITY - 51- 70°						5.4 CiTY	'-S	T - ZIP				
TULF					DELETE	6.1 TITU	E				☐ Change	e 🗌 Addition
.vMf						6.2 NAM	ΙE]				
FET ADDRESS	5					6.3 STRE	EÉT.	ADDRESS				
44 704	1							7.0				

on 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 formation 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 m an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name pairs in Block 12 or Block 13 if changed, or on an attachment with an address.



TOWNER OF SIGNING OFFICER OR DIRECTOR