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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L61939

(9)

DEAN & TAYLOR, C.P.A., P.A.

FILED Mar 18 1997 8:00am Secretary of State



Principal Place of Business 6363 NW 6 WAY #210 FT LAUDERDALE FL 33309 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	Mailing Address 6363 NW 6 WAY #210 FT LAUDERDALE FL 33309 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	Country	3. Date Incorporated or Qualified 03/27/1990 4. FEI Number 65-0186372 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for	3a. Date of Last Report 04/15/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees intangible tax under s. 199.032,
24 25 9. Name and Address of	29	30	Florida Statutes 10. Name and Address of New Re	Yes XI-No egistered Agent
DEAN, RICHARD W 6363 NW 6 WAY #210 FT LAUDERDALE FL F3330-		83 84 City	ess (P.O. Box Number is Not Accepta	FL 85 Zip Code
11. Pursuant to the provisions of Sections office or registered agent, or both in agent tam familiar with, and accept	the State of Florida, Such change was at the obligations of, Section 607.0505, Flor	uthorized by the corporati rida Statutes.	ion's board of directors, I hereby acce	opt the appointment as registered
SIGNATURE Superior perior perior procedure transporter	egeneral agent and allert applicable (NOTE	Registered Agent signature require	ed when reinstating)	DATE
12. OFF10	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
THLE DP NAME DEAN, RICHARD W STREET ADDRESS 1754 NW 91 AVE O(TY-S1-20) PLANTATION FL 3332	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
NAME DVS NAME TAYLOR, MITCHELL L STHEET AGENESS 6363 NW 6 WAY #210 CITY - ST-ZEP FT LAUDERDALE FL 3	0	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-2IP		☐ Change ☐ Addition
THUE NAME STREET ADDRESS CUY ST ZIP	☐ DELETE	3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change
TITLE NAME STPEET AUDIGUS CITY: ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADORESS	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
CHY ST ZIP THE NAME STREET ADDRESS CHY ST ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	10-74	Change Addition
	n supplied with this feing does not qualify		in Section 119.07(3)(i), Florida Statute	es. I further certify that the

Tarrier by Cerny that the mornation supplied wat his tarrier before the exempton stated in section 119.07(3)(), Florida Statutes, Florida Statutes, former certify that the formation inclicated 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.1 chapped, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR