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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CODDODATIONS

	1997	DIVISION OF	CONFOR		UNO	_]			
1. Corporat	JMENT # L640 IN EQUITIES, INC.	000 (7)			ſ				
PONTO	ar Egoliles, mo-								818)) (8 8) 1181 (88)
Principal Pa	ace of Business	Mailing Address				}	OPPH BIRN BIRN D		
C/O RONALI 801 N.E. 125 NORTH MIAN	TH STREET	C/O RONALD G. KLEIN 901 N.E. 125TH STREET NORTH MIAMI FL 33161-							
						3. Date incorporated or Qualified 04/10/1990	3a. Date of 03/15/1		eport
21	Place of Business	2a. Mailing Address 26	26			4. FEI Number 65-0201087		No	oplied For of Applicable
Suite, Ap 22		Suite, Apt. #, etc.	****		1180000	5. Certificate of Status Desired		8.75 A Fee Re	Additional equired
City & St.		City & State	T			Election Campaign Financing Trust Fund Contribution		Added t	\
Ζφ 24	Country 25	Zip 29	30 Co	untry	/		Yes 🔲 No)	199.032,
		Current Registered Agent		81	Name	10. Name and Address of New Re	gistered Ager	it	
	EIN, RONALD G.								
	11 N.E. 125TH STREET ORTH MIAMI FL 33161			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ie)		
140	SUMMER POSTO			83	 				
				-	C		Total	1 55.7	
				84	City		FL 85	Zip C	200e
11. Pursuar office or agent I	it to the provisions of Sections 6 r registered agent, or both, in th am familiar with, and accept th	i07.0502 and 607.1508, Florida Statile State of Florida Such change was a obligations of, Section 607.0505, I	utes, the a s authorize florida Sta	boy d by	e-named corp y the corporat s.	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of cha t the appointn	nging its sent as	s registered registered
SIGNATURE			····	•••					
12,	Supreme Special printed have of region	RS AND DIRECTORS	OTE: Registeri	od Age	ent signature require	ed when reinstalling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIA	FOTOR	S IN 12
	P	DELETE	1.1 7	ITLE	 -	71001101010101010		Change	Addition
NAME	BURRELL, ANN		1.2 N	AME	-			•	
STREET ADDRESS			1.3 5	TREET	T ADDRESS				
0[14 - 51 - 2iP	NORTH MIAMI FL		1.40	ITY-S	ST-ZIP				
Hit		DELETE	2.1 T	ITLE]			Change	Addition
NAME			2.2 N	AME	{				
STREET ALTORES	5				T ADDRESS				
CHY-S1 20F		DELETE			ST - ZIP			Change	Addition
1 114		TT OCTELE	31 T 32 N				L) (Change	Addition
NAME STREET ADDRESS					T ADDRESS				
C-1Y-SI-7IP	"				ST-ZIP				
TRU		☐ DELETE	4.1 7		W1 All			Change	☐ Addition
NAME				NAME					
STREET ADORESS	s		4.3 S	TREET	T ADDRESS				
CITY+S1+7iP			440	iTY-S	ST - ZIP				
U),F		☐ DELETE	5.1 7	ITLE				Change	Addition
KAV:			5.2 N	AME					

64 CHY-ST-ZIP supplied with this filing does not additive the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port of supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that ration or the receiver or to steep endowered to execute this report of required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information indicated on this annual re Lam an officer or director of the appears in Block 12 or Block 13

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

City - \$1 - 7IP

City-St Zir

UHLE

DELETE

301 573-0193

Addition

Change

0219010

FILED

May 08 1997 8:00am

Secretary of State