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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 07 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L66136

appears in Block 12 or Block 13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(7)

Penic pal Place of Be 290 NORTHWEST 169 PENTHOUSE 5 MIAMI FL 33169-6457	5 STREET	Mailing Address 290 NORTHWEST 165 STR PENTHOUSE 5 MIAMI FL 33189-6457	BEET			Date of Lest Report
2. Principal Prace of	H mores	2a. Mailing Address			04/18/1990 0	6/03/1996 Applied For
11		t1 T	26		65-0184710	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
C ty & State		City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	\$5.00 May Be
23		28	\$ _ \$		Trust Fund Contribution	Added to Fees
Zip 24]	Country 25	Z(p 29	30	у	8. This corporation has liability for intangi Florida Statutes Yes	
	Name and Address of Curr				10. Name and Address of New Register	d Agent
GLANTZ,	DAVID J.		8.	Name		
290 NW 1		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PH-5 MIAMI FL 33169			83			
MIAMI FL	33169]6,	'		
			84	City	F	85 Zip Code
agent Lam fam SIGNATURE Signatur 12.	n tysed or Pented name of registered	gations of, Section 60/2005, Ho agent and the frapplicable (NOTA ND DIRECTORS	orida Statule	. 3	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
THE D		☐ DELETE	1.1 THTLE]		Change Addition
	ANTZ, DAVID J.		1.2 NAME			
LAIA) NW 165 ST PH-5 IMI FL 33169			T ADDRESS		
TRIVE	MI LE 93109	DELETE	14 CHY- 2.1 TITLE	ST-ZIP		Change Addition
NAMI			2.1 IIILE 2.2 NAME			C cuantife C woulder
STREET ADDRESS				T ADDRESS		
CHY-S1-ZIP			2. 4 CITY			
THILE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	Ì		
STREET ALGIRESS			3.3 STREE	T ADDRESS		
CHY ST-70			3.4. CITY	·ST-ZIP		
HILE		DELETE	4.1 TITLE			Change Addition
NAMI			4. 2 NAM	J		
STREET ACIDRESS				T ADDRESS		
CHY+S1-ZIP		DELETE	4.4 CITY-	ST-ZIP	to the second se	Change Addition
NAM!		L. J Ochcit	5.2 NAME			End countries End controlle
STREET ADDRESS				T ADDRESS		
City-St. 70P			5.4 CITY-			
TIBLE		☐ DELETE	61 TITLE			Change Addition
NAME			6.2 NAME			
STREET ALORESS			6 3 STREE	1 ADDRESS		
CID: \$1-74F			6.4 CiTY	ST-ZIP		
14. I do hereby cerl information incer t am an officer of appears in two	tify that the information suppleated on this annual report of or director of the organization k. 12 or block 13 winderpood	fied with this filling does not quality or supplying et all annual report is to or the receiver or mustee empowers or an an attrichment with an edd.	fy for the ex rue and acc rered to exe dress	emption states curate and that cute this repo	d in Section 119.07(3)(i), Florida Statutes. I fur it my signature shall have the same legal effec irt as required by Chapter 607, Florida Statutes	her certify that the t as if made under oath; that s; and that my name