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. Corporation Name L69014

(3)

FILED Jul 08 1997 8:00am Secretary of State

		Mailing Address 10720 W FLAGLER S SUITE #14 SWEETWATER FL 33				3. Date Incorporated or Qualified 3a. Date of Last Report	
6 Deleviori	Diagonal Durance	Do Mario Add				04/30/1990 05/01/1996	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied I 65-0192365 Not Appl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additio	
2		27				5. Certificate of Status Dosired Fee Required	
City & Stat ≥3	te	City & State				6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Co	ountry	,	This corporation has liability for intangible tax under s. 199.0	
:4	25	29	30	···		Florida Statutes Yes No	
	9. Name and Address of Curr	ent Registered Agent		1.	1	10. Name and Address of New Registered Agent	
	Jeska, ISIS N. 13 LOCH NESS DRIVE			B1	Name		
			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MLA	MI LAKES FL 33014			83			
					ļ		
				84	City	FL 85 Zip Code	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered in OFFICERS A	agent and 1) of applicable AND DIRECTORS DELETE	13		ent sigi alum (eq.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2 Addition
NAME	MAJESKA, ROBERT A.	1.2		1.2 NAMÍ			
STREET ADDRESS	7243 LOCH NESS DR.		1.3 :	STREFT	ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL			1.4 CITY - ST - ZIP			
TITLE	DTS Majeska, ISIS	☐ DELETE		2 1 111LF 2 2 NAME		Change A	Addition
NAME Street adoress	7243 LOCH NESS DR.		a di		ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL			CITY	S1-ZIP		
TITLE		DECETE		TITLE		[] Change [] A	Addihor
iame Street address				NAME STREET	ADDRESS		
DITY-ST-ZIP				CITY	- 1		
TILE		☐ DELETE		TITLE		☐ Change ☐ A	Addition
IAME			4. 2	NAME			
TREET ADDRESS					ADDRESS		
ITY-ST-ZIP	<u> </u>	DELETE		CITY - S	ST ZIP	Change A	Addition
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STREET ADDRESS					ADDRESS		
ITY-ST-ZIP				CHY-S			
ITLE		☐ DELETE		TITLE		☐ Change ☐ A	Addition
AME			6.21	NAME			
TREET ADDRESS					ADDRESS		
CITY-ST-ZIP	L		640	CITY-S	I - 712		

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 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 if changed, or on an attachment with an address.

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