## 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

## **FILED** Apr 23 1997 8:00am Secretary of State

RANDO	AVE	N 1	(1)  Mailing Address  FRANDOLPH MALT 235 NW 95 AVE AMARAC FL 33321-1304						
U\$		ι	IS .			3. Date Incorporated or Qualified 05/01/1990		ite of Last R 01/1996	eport
	Place of Business	<u> </u>	- Mailing Address	7718		4. FEI Number	· . I.,—	<del></del>	plied For
Suite, Apt	#, etc	26	Suite, Apt. #, etc.	<del></del>	····	65-0191622		\$8.75	ot Applicable Additional
City & Sta		27	City & State			5. Certificate of Status Desired	<u> </u>	Fee Re	<del></del>
23 City 6 Sta	re:	28	١			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
Ζιρ <b>24</b>	Count <b>25</b> )	ry 29	Zip }	Country 30	у	8. This corporation has liability for Florida Statutes	intangible	tax under s.	. 199.032,
		ess of Current Regi	stered Agent	[00]		10. Name and Address of New R			
MA	LT, RAHDOLPH			81	Name				
8235 NW 95 AVE TAMARAC FL 33321				82 Street Ad		ress (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·	······
170	MANAC FL 33321			83	<del>                                     </del>				
				84	City	ىر <sub>ىيىيى</sub> ئىلىنى ئىلىن	FL	85 Zip (	Code
11. Pursuant	to the provisions of Sec	tions 607 0502 and	607 1508 Florida Stati	ites the above	io named cor	paration a shorts this statement for the		chanoino it	s registered
office or agent 1	registered agent, or bo am familiar with, and ac	th, in the State of Ftol cept the obligations	rida. Such change was of, Section 607.0505, F	authorized b	y the corpora es.	poration submits this statement for the ation's board of directors. I hereby acce	pt the app	ointrnent as	registered
SIGNATURE	Signature, typed or pentited nar		e if applicable (NC	TE: Registered Ag		ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	IS IN 12
SIGNATURE  12. THEE NAME STREET ADDRESS	D MALT, RANDOLPH 8235 NW 95 AVE	ne of registered agent and ti DEFICERS AND DIRE	e if applicable (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requi	when reinstaling)	DATE		
SIGNATURE  12.  THUE  NAME  STREET ADDRESS  CHY-ST-ZIP	Signature, typed or printed named to be MALT, RANDOLPH	ne of registered agent and ti DEFICERS AND DIRE	e if applicable (NC CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ent signature requi	when reinstaling)	DATE	DIRECTOR Change	IS IN 12 Addition
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minimator maleated on this armed report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under of Lam 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.

SIGNATURE:

Carparan Crapa LIPED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL IU, 1997 (954) 7200534

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