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PROFIT CORPORATION ANNUAL REPORT

1997



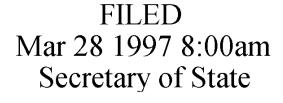
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L88703

(8)



Principal Plac 4310 SHERIDAI #202 HOLLYWOOD F US	N ST		4310 #200	iling Address) Sheridan ST 2 LYWOOD FL 33021	3512			3. Date Incorporated or Qua	lified 3	a. Date of	Last Fi	eport
								06/28/1990		04/29/19		
1	lace of Business		}1	Mailing Address				4. FEI Number 65-0223255		ļ		plied For
Suite, Apt	# etc		26	Suite, Apt. #, etc.				00 0260200		<u> </u>		t Applicable Additional
22			27	,				5. Certificate of Status Desire	ed [quired
City & Stat	(3)			City & State				6. Election Campaign Finance				May Be
23			28	7				Trust Fund Contribution				o Fees
Zip ⊼al		untry	h	Zip		untry		8. This corporation has liabit		igible tax ui s	ider s.	199.032,
24	9. Name and Ac	Idress of Curre	ni Registr	ered Agent	30	7		Florida Statutes 10. Name and Address of N			···	
AND	RE S. BURTOK -	BURT				B1 N	Name				····	
	SHERIDAN ST	•	`			82 5	Stroot Addro	ess (P.O. Box Number is Not Ac	contable)			
#20	2					"	Stieet Addre	ass (F.O. BOX NUMBER IS NOT AC	ceptable)			
HOL	LYWOOD FL 3302	21				63						
						84 (City			85	Zip (Code
								·		 - 		
.11. Pursuant office or r agent. La	to the provisions of legistered agent, or no familiar with, and	Sections 607,050 both, in the State accept the oblig	02 and 60 e of Florida gations of,	7.1508, Florida Sta a Such change wa Section 607.0505,	itutes, the a as authorize Florida Sta	ibove-it ad by th itutes.	he corporation	oration submits this statement fo on's board of directors. I hereby	accept the	e appointme	ent as	registered
.11. Pursuant office or ragent La SIGNATURE	Signatine tyreden protect		pent and title it	Lapplicable. (L				on's board of directors. I hereby id when reinstating) ADDITIONS/CHANGES TO	. D	ATE		
SIGNATURE	Signative type the product	name of regi tricid ag OFFICERS AN	pent and title it	Lapplicable. (L	NOTE Registers	ed Ageni s		od when reinstating)	. D	ATE	CTOR	
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The copy decriny that the information supplied with his iming does not qualify for the exemption stated in Section 119.07(3)(f). 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 of 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 chapter 607, and that my name address.

SIGNATURE:

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

0128523