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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L88877

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FILED
May 05 1997 8:00am
Secretary of State

Principal Place	e of Business	Mailing Address				
6289 W. SUNF	HISE RD	6623 RACQUET CLUB DE				
Suite 267 Sunrise Fl 3	2012	LAUDERHILL FL 33319-50	27			
US	5514			3. Date Incorporated or Qualified		eport
2 Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	07/20/1990 4. FEI Number	05/01/1996	plied For
21	ince or Desirioss	26		65-0206937	}	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22		27	······································		Fee Re	<del></del>
City & Stat	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Country	8. This corporation has liability fo	<del></del>	
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New R	legistered Agent	
	HER, LAWRENCE		81 Name		·	
	1 N UNIVERSITY DRIVE TE 720		<b>B2</b> Street Add	dress (P.O. Box Number is Not Accepta	able)	
	RAL SPRINGS FL 33071		83		·	
			ea Ch		85 Zip (	Codo
			84 City			
L * 1 * 1 OLDHOLIK		NOCE BITO DOT, 1000, I IDITUA GIATU	tes, the prove-hanted con	Political application and attraction for the	Parkett or arranging it	
office or a agent. La				poration submits this statement for the ation's board of directors. I hereby accurred when reinstating)	ept the appointment as	registered
	Signature, typed or printed name of registered OFFICERS A	agent and tale II applicable (NO AND DIRECTORS	authorized by the corporal lorida Statutes.  TE Regissered Agent signalure requi		DATE	S IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and trie if applicable (NO	TE Registered Agent signature requ	uired when reinstating)	DATE	
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If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that 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 receive, 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: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING ORDER OR DIRECTOR

me Phone # 0279260