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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L91139

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FILED May 05 1997 8:00am Secretary of State

	oe of Business	Mailing Address 1923-1 2874 AVE NOW TWO OF PL 33020-1804	-million and the second		VIOL VIOL VIOL		
				3. Date Incorporated or Qualified 07/30/1990	3a. Date 05/01/		eport
	Place of Business to SW 22NO MAK	28. Mailing Address	W 2200 Pla	4. FEI Number 59-3026479			plied For
Suite, Apt		Suite, Apt. #, etc.	e moi m	5. Certificate of Status Desired			t Applicable Additional
City & Stat	vie FL	City & State	F1	6. Election Campaign Financing		\$5.00	May Be
d) 470 マッ	Country	28 JAULE,	Country	Trust Fund Contribution 8. This corporation has liability for i	~ ~ ~		
روح ا	9. Name and Address of Curre		0	Florida Statutes 10. Name and Address of New Re	Yes 1		
DEC	CKER, SUSAN JANET		81 Name				
192	2 N 28TH AVE LLYWOOD FL 33020	Change to		dress (P.O. Box Number is Not Acceptable 140 SW 22W	Olac		
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			84 City	WIEIPL 33	7	85 Zip (Code
		·		rporation submits this statement for the p	FL		
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•	am familiar with, and accept the ob-	selle-	thorized by the corpora da Statutes. Registered Agent signature req	ation's board of directors. I hereby accer	24/9 DATE	7	
GNATURE	Signaturi, typird or jainted name of registeres	ngent and title it applicable (NOTE:	Registered Agent signature req	ation's board of directors. I hereby accer	24/9 DATE DERS AND D	RECTOR	IS IN 12
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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 inclicated 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 attach fient with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR

t/24/97 (354)424-26

0196804