FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

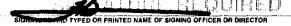
1997 MOCHAGNET # 1 00450

101

FREDER	RICK B. GOMER & ASSO	` '					
~~		••			3. Date Incorporated or Qualified 3 08/13/1990	a. Date of Last Re 08/07/1996	врогі
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 65-0210009	Ap	plied For
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State		City & State			6. Election Campaign Financing	ree Hequired \$5.00 May Be	
23 Zip	Country	28	Countr		Trust Fund Contribution 8. This corporation has liability for interest.		
24	25	29	30	·	Florida Statutes Ye	s DNo	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Regist	ared Agent	
GOMER, FREDERICK B.				Name			
3301 NW 97TH TERRACE SUNRISE FL 33351			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
			83				
			84	City		FL 85 Zip (Code
SIGNATURE	Signature Typed or printed name of registere-	o agent and title if applicative. (NO AND DIRECTORS	TE: Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
THILE	PD	☐ DELETE				☐ Change	Addition
NAME	GOMER, FREDERICK B.		1.2 NAME				
STREET ADDRESS	3301 N.W. 97TH TERRACE		1.3 STREET ADDRESS				S IN 12 Addition
CITY-ST ZIP	SUNRISE FL		1.4 CITY - 2.1 TITLE			Change	Addition
TITLE NAME		LJ DELETE	2.1 HILE 2.2 NAME			onarage	LTI VOGILION
STREET ADDRESS				T ADDRESS			
CITY - ST - ZiP		·····	2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME PAREST ADDRESS			32 NAME				
STREET ADDRESS City-ST-ZiF			3.3 STHE	ET ADDRESS • ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		·	Change	Addition
NAME			4. 2 NAM	E		į	
STREET ADDRESS			4.3 STREE	et address			
CHY-SI-ZIP		☐ DELETE	4.4 CITY-			Change	Addition
TITLE NAME	1	Ti perese	5.1 TITLE 5.2 NAME	ļ		· Limi Cilarigo	E-A POULION
STREET ADDRESS			1	ET ADDRESS			
CITY - \$1 - ZIF			5.4 CITY-	1			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ANDRESS			

6.4 CITY-ST-ZIP

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. SIGNATURE:



954.148.9006

FILED

May 08 1997 8:00am

Secretary of State