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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # L97968**

FILED	
Apr 29 1997 8:00an	
Secretary of State	

Principal Plac	FFORD L AVENUE #D1507	MIAMI FL 33101-4700	P O BOX 01-4700 1925 BRICKELL AVENUE #D1507 MIAMI FL 33101-4700				
		US		3	 Date Incorporated or Qualified 08/31/1990 	d 3a. Date of L 04/30/19	
,	lace of Business	2a. Mailing Address		4	. FEI Number		Applied For
21		26			65-0212417		Not Applicable
Suite, Apt.	₩, ØIG.	Suite, Apt. #, etc.		5	5. Certificate of Status Desired		.75 Additional ee Required
City & Stat	e	City & State		- 6	. Election Campaign Financing	\$5	.00 May Be
23		28	1 0		Trust Fund Contribution	Ac	ded to Fees
Ζ ιρ 24	Country 25	Ζτρ 29	Country 30	8	 This corporation has liability for Florida Statutes 	for intangible tax un X Yes No	der s. 199.032,
24	9. Name and Address of Current		30]	10). Name and Address of New		
GIL	FORD, VERA E.		81 Nar	me			
	5 BRICKELL AVE #D-1507		82 Stre	eet Address	(P.O. Box Number is Not Accept	table)	
MIA	MI FL 33129		83			· · · · · · · · · · · · · · · · · · ·	
				.,,	<u>.</u>		
			84 Cits	У		FL 85	Zip Code
11. Pursuant office or i	to the provisions of Sections 607,0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statu of Florida, Such change was	ites, the above-name authorized by the	ned corporation's	ion submits this statement for the board of directors. I hereby acc	e purpose of chance	ging its registered int as registered
office or i agent. La StGNATURE	registered agent, or both, in the State of the ministrict with, and accept the obligation of the state of the	of Florida. Such change was tiops of, Section 607.0505, Fl and by if applicable. (NO	authorized by the lorida Statutes. TE: Registered Agent sign.	corporation's	s board of directors. I hereby acc	e purpose of chang cept the appointme 	2
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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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

0264662