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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L98616

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Apr 03 1997	8:00am
Secretary o	f State

DH DD

Principal Place 1305 MANGO WHITE TOO FT LAUDERDA		Mailing Address P.O. BOX 21515 TO BOX 21515 FT LAUDERDALE 33 333	35-1515				
US		US		3. Date Incorporated or Qualif 07/30/1990		e of Last R 5/1996	eport
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	1 0010		plied For
21	Comment of the Commen	26		65-0286042			ot Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	le	City & State		Election Campaign Financin Trust Fund Contribution	,å 	\$5.00 Added 1	
Zφ	Country	Zip	Country	8. This corporation has liability			
24	25	[29]	30	Florida Statutes	☐ Yes ☐	No	
	9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of Nev	w Registered A	gent	
	ndall, irene d 20 s. bayshore dr:		1 1	RENE RANDAI	1		
	[, 801			dress (P.O. Box Number is Not Acce	eptable)		
	WI FL 83131		B3 F4	r Laudendala.	C1 33	Z1 6	
			84 City			85 Zip (Code
						hanaina it	s registered 1
office or agent 1	registered agont, or both, in the S am tany far with, and accept the c	State of Florida. Such change was obligations of, Section 607.0505, F	authorized by the corpora Florida Statutes.	rporation submits this statement for a ation's board of directors. I hereby a	B · Zo ·	intment as	registered
office or agent 1	registered agont, or both, in the Sam lank far with, and eccept the o	State of Florida. Such change was obligations of, Section 607.0505, F	utes, the above-named core authorized by the corpora Florida Statutes. DTE Registered Agent signature required. 13.	ation's board of directors. I hereby a	B · Zo ·	intment as	registered
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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 set 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.97

954.525.6778

0290604

Daytime Phone #