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

PROFIT CORPORATION ANNUAL REPORT



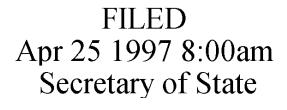
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # M02257



TION Principal Plac	ISE BLVD., SUITE 110	Mailing Address	ailing Address 99 W SUNRISE BLVD., SUITE 110 INRISE FL 33313-6177			3. Date Incorporated or Qualified 3a. Date of Last Report			
						06/27/1984		ite of Last M 26/1996	epon
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	1 04/		oplied For
21		26			59-2419937 Not Applicable				
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
City & State	Α	City & State				6. Election Campaign Financing		Fee Re	
23	•	28				Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Cour	ntry		B. This corporation has liability for			. 199.032,
24	25	29	30				X Yos		
	9. Name and Address of Current	n registered Agent		81	Name	10. Name and Address of New Ro	gistered /	rgent	
	Y, JEANNIE W.	•	Ĺ						
	9 W SUNRISE BLVD., SUITE 110 IRISE FL 33313	,		82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
301	ALIDE I F 000 ID		ţ	83					
			ł	B4	City			85 Zip (Code
				·	Ť		<u>FL</u>	1 1	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607,1508, Florida Statu e of Florida. Such change was ations of, Section 607,0505, F	ites, the ab authorized Iorida Statu	ove I by Ites	a-named corp r the corporat s.	poration submits this statement for the lion's board of directors. I hereby acce	purpose of pt the app	changing it pinIment as	s registered registered
	Signature, typed or printed name of registered ag			Age	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR Change	S IN 12 Addition
NAME .	SCHWARTZ, MARVIN	LJ beitte	1.2 NAI					onenge	L_1 Addition
STREET ADDRESS	4931 FILMORE ST.				ADDRESS				- 1
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CI		1 - ZIP				
TITLE	PD	☐ DELETE	2.1 TIT	LE.				Change	Addition
NAME	OTEY, JEANNIE W.			2.2 NAME					
STREET ADDRESS	6148 ROSE TERR. PLANTATION FL				ADDRESS				
CITY-ST-ZIP	S			2.4 CHY-ST-ZIP 3.1 TITLE				Change	Addition
NAME .	JOHNSON, DEBRA		3.2 NA						
STREET ADDRESS	1632 MCKINLEY STREET		3.3 STRE		ADDRESS	•			1
CITY-ST-ZIP	HOLLYWOOD FL		3 4. 00		I-2P				
TITLE	CAPI DEDO MATINESAL	Liii DELE1E	4.1 TIT					☐ Change	Addition
NAME	CARLBERG, KATHLEEN 3351 SW 21 ST		4. 2 NA		1DDDCCC				ļ
STREET ADDRESS City-St-Zip	FT LAUDERDALE FL		4,3 STREE1 . 4,4 CHY- ST		· · · · · · · · · · · · · · · · · ·				ĺ
TITLE	I I WINDHIN HOLIC	DELETE	5.1 TIT		r 411			Change	Addition
NAME			5.2 NAI	ME					İ
STREET ADDRESS			. 53 \$ 18	REET.	ADDRESS				ļ
CITY-ST-ZIP			5.4 CIT		T-7IP			<u> </u>	
TITLE		☐ DELETE	6.1 îTi					Change	Addition
NAME OTOGET ADDRESS			6.2 NA		ADDRESS				
STREET ADDRESS			6.3 STF 6.4 CIT		ADDRESS				ļ
CITY-ST-ZIP	by certify that the information supplie	d with this filing does not qua				in Section 119.07(3)(i) Florida Statute	es I further	certify that	the

The release 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 frustee 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.

4-15-97

(954) 792-9228