## FILE NOW: FILING FEE AFTER MAY 1 IS \$55 00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN DE STATE

Sandra B. Mor

Secretary of St of DIVISION OF CORPO ATIONS

1997

Apr 24 1997 8:00am Secretary of State

**FILED** 

Principal Place of Business 7545 BISCAYNE BLVD. MIAMI FL 33138  MO3850  (8)  Mailing Address 7545 BISCAYNE BLVD. MIAMI FL 33138-5123						
				3. Date Incorporated or Qualified		
a Principal I	Place of Business	2a. Mailing Address		08/10/1984 4. FEI Number	02/12/1996 Applied For	
21	TIGOD OF EXAMINACE	26		59-2433525	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ite	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
<i>Ζ</i> ιρ <b>24</b>	Country 25	Zip 29	Country 30	B. This corporation has liability fo	r intangible to under s. 199.032,	
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	tegistered Agent	
	EMING, JUDY A		B1 Name			
800 NE 76TH STREET Miami Fl 33138			<u> </u>			
			83			
			84 City		FL 85 Zip Code	
SIGNATURE	Signature Typed or pointed name of registered a		OTE: Registered Agent signature	corporation submits this statement for the poration's board of directors. I hereby acc e required when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	
TITLE	M	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		•	1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL PSD	DELETE	1.4 CITY-ST-ZIP	CTD Tudy Floor	Change Addition	
NAME STREET ADDRESS	FLEMING, JUDY A 800 NE 76TH STREET	€ peffire	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	5TD Judy Flemin 800NE 76SH Miami, F	Reef . 2213P	
CHTY - ST - ZIP	MIAMI FL		2 4 CITY-ST-ZIP	mame, 1	1, 03126	
TITLE NAME	VTD HOWARD, JOSEPH W	[] DELETE	3.1 TITLE 3.2 NAME	VD JERRY SPROUS		
STREET ADORESS	TARE ON NATH OTOCCT		3.2 NAME 3.3 STREET ADDRESS	7545 BISCI	ayneBlud	
CHTY - ST - 7IP	MIAMI FL		3.4. CiTY-ST-ZIP	Miami. Fl	33138	
HILE		DELETE	4.1 TITLE	PD JERRY SPROUSE 7545 BISCAYNE MIAMI, PL 33	Change Addition	
.NAMÉ			4. 2 NAME	DEKKY SPKOUSE	RLVD	
STREET ADDRESS			4.3 STREET ADDRESS	MAN EN ST. 33	<b>โ</b> ลส์	
CITY-ST-ZiP TIFLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	111111111111111111111111111111111111111	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	{		
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.5 TITLE		Change	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-2IP	}		6.4 CITY-SF-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:

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4/17/57 3057583874

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