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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M16493

(2)

U.J. BLANKE & ASSOCIATES, INC.

FILED Apr 30 1997 8:00am Secretary of State

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	811 (88 1

Principal Place of Business Mailing Address 664 WOODGATE CIR. 664 WOODGATE CIR.									
					Programme Programme				
SUNRISE FL		SUNRISE FL 3332							
US US						3. Date Incorporated or Qualified 3a. Date of Last R 06/07/1985 04/25/1996			eport
2. Principal Place of Business 2a. Mailing Address			ess	***************************************		4. FEI Number	<u> </u>		oplied For
21		26				59-2508304			ot Applicable
Suite, Apt #, etc		27				5. Certificate of Status Desired S8.75 Addition Fee Required			
City & St	ate	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zφ	Country	Zip		Country	,	B. This corporation has liability for i	ntangible ta	x under s	. 199.032,
24	25	29]	30				Yes 🗆		
	9. Name and Address of Cui	rrent Registered Agent		81	Name	10. Name and Address of New Re	gistered Aç	jent	
	ANKE, UCO J.			"	Haine				
664 WOODGATE CIR. SUNRISE FL 33326				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
				83	ļ				
				84	City			85 Zip	Code
					1	poration submits this statement for the p tion's board of directors. I hereby accep	FL	' · ·	
SIGNATURI	Signature: typed or printed name of registered OFFICERS	AND DIRECTORS	1	3.	ent signature requi	red when reinstating! ADDITIONS/CHANGES TO OFFIC			
TITLE	PST DIANKS 11CO I	□ DE		.1 TITLE			L	Change	Addition
NAME STREET ANDRESS	BLANKE, UCO J. 664 WOODGATE CIR.		1	.2 NAME	ADDOCEC				
STREET ADDRES	SUNRISE FL			.a SINCE .4 CITY-!	ADDRESS				
TILE	D	DE		1 TITLE	21-211		I	Change	Addition
NAME	BLANKE, UCO J.		2	2 NAME					
STREET ACOURES			2	3 STREET	ADDRESS				
City-St-7.P	SUNRISE FL			4 CITY-	ST-ZIP		· · · · · · · ·	7.0	
Idt€ 		□ DE		1 TITLE			i.	Change	Addition
NAME expect about o	e ·			2 NAME	ADDDECC	•			
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CITY-ST-ZIP TITLE		☐ DE		.4 CITTLE	31.416			Change	Addition
NAME									
				2 NAME	}		_		
STREET ADDRES	s		(2 NAME	ADDRESS				
STREET ADDRES CITY+ST-ZIP	s		6	2 NAME					

14. I do nereby 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SONYTURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4/17/97

954-384-7630

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