## 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 # M30359

(7)

			1414		
				<ol> <li>Date Incorporated or Qualified 04/10/1986</li> </ol>	3a. Date of Last Report 04/30/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2666539	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	8. This corporation has liability for I	ntangible tax under s. 199.032, Yes  No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re-	gistered Agent
1840	ZER, MARK ) W. 49TH ST JITE 510		B1 Name B2 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	EAH FL 33012		83		<u> </u>
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a	jent and title 4 apphoable (No	DTL: Registered Agent signature requi		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	∐ DELETE	1.1 TITLE	·	Change Addition
NAME STREET ADDRESS	ALLEN, GEORGE 1111 LINCOLN RD. MALL MIAMI BEACH FL		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	DV	DELEVE	1.4 C(1Y-ST-2II)		
TITLE . NAME	ALLEN, RICHARD J.	[_] DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addilion
STREET ADDRESS CITY+ST-ZIP	1111 UNCOLN RD. MAUL MIAMI BEACH FL		2.3 STREET ADDRESS   2.4 CITY - ST- ZIP		ł
TITLE		☐ DELETE	3,1111LE		Change Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3 4. CITY - S1 - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T being	4.4 CITY - \$1 - ZIP		
TITLE		DELETE	5.1 1ff E		☐ Change ☐ Addition
NAME			5.2 NAME		J
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Thritte	5.4 CITY - ST - ZIP		Abores 1 4 d 200
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

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.

63 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

ZIL all

4/14/97

305 538.070

**FILED** 

Apr 21 1997 8:00am Secretary of State