FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Mar 28 1997 8:00am

	1997	DIVISION OF	ary of State CORPORATIONS		ry of State
DOCU 1. Corporat S.H.S.,		3 (6)		1 148 (88)) 144 JUNI 800 MINE 948 F UU	(87) 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1
Principal Mace of Business 1708 STARBOARD AVE. 200PER CITY FL 33026		Mailing Address 3709 STARBOARD AVE. COOPER CITY FL 33026-1988			
				3. Date incorporated or Qualified 07/16/1986	3a. Date of Last Report 05/01/1996
	Prace of Business	2a. Mailing Address		4. FEI Number 59-2693907	Applied For Not Applicable
1 Suite, Apt. #, etc.		Suite, Apt. #. etc.			\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & St	ale Country	City & State 28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ !4]	25	29	30	This corporation has liability for in Florida Statutes	tangible tax under s. 199,032, Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	istered Agent
	HEINAR, ALLEN 09 STARBOARD AVE.		81 Name		
	OPER CITY FL 33026		82 Street Add	dress (P.O. Box Number is Not Acceptable	le)
			83		, , , , , , , , , , , , , , , , , , ,
			84 City	<u> </u>	85 Zip Code
	10. 10. 10.	100 - 4007 4000 Fb-ids fish			FL!!
office o	r registered agent, or both, in the Sta	te of Florida Such change was	s authorized by the corpora	rporation submits this statement for the pu ation's poard of directors. I hereby accep	t the appointment as registered
agent. I SIGNATURE		A .	-ionda statutes.		O-50
					3-25-92
	Signature, typical or printed name of register od a		DTE: Registered Agent signal are requ		DATE
	Segnature, typical or province name of register of a OFFICERS A	REPORT OF THE PROPERTY OF T	13.	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TELF	Signature, typical or printed name of register od a	agent and fire if applicable (N	13. 1.1 TILE		ERS AND DIRECTORS IN 12
TILLE NAM?	PT SCHEINAR, ALLEN 400 S POINTE DR #608	REPORT OF THE PROPERTY OF T	13.		ERS AND DIRECTORS IN 12
TOLE NAME STHEEL ADDRES:	OFFICERS A PT SCHEINAR, ALLEN 400 S POINTE DR #608 MIAMI BEACH FL	agent and ticc it applicable (N) ND DIRECTORS DELETE	13. 1.1 TILE 1.2 NAME		ERS AND DIRECTORS IN 12 Change Addition
TICLE NAM? STHEET ADDRESS CHY ST 765 DITLE	PT SCHEINAR, ALLEN 400 S POINTE DR #608 MIAMI BEACH FL VP	REPORT OF THE PROPERTY OF T	13. 1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 WITLE		ERS AND DIRECTORS IN 12 Change Addition
TULF NAM: STHEEL ADDRESS CHY ST 765 DITLE NAME	PT SCHEINAR, ALLEN 400 S POINTE DR #608 MIAMI BEACH FL VP SCHEINER, SADIE	agent and ticc it applicable (N) ND DIRECTORS DELETE	13. 1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 YITLE 2.2 NAME		ERS AND DIRECTORS IN 12 Change Addition
TICLE NAM? STREELADDRESS CHY ST. 765 DILLE NAME STREELADDRESS	PT SCHEINAR, ALLEN 400 S POINTE DR #608 MIAMI BEACH FL VP SCHEINER, SADIE 400 S. POINTE DR.	agent and ticc it applicable (N) ND DIRECTORS DELETE	13. 1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 WITLE 2.2 NAME 2.3 STREET ADDRESS		ERS AND DIRECTORS IN 12 Change Addition
TICLE NAMA STREEL ADDRESS CHY ST. 755 HILLE NAME STREET ADDRESS CHY-ST-749	PT SCHEINAR, ALLEN 400 S POINTE DR #608 MIAMI BEACH FL VP SCHEINER, SADIE	agent and ticc it applicable (N) ND DIRECTORS DELETE	13. 1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 YITLE 2.2 NAME		ERS AND DIRECTORS IN 12 Change Addition Change Addition
TICLE NAM? STHEEL ADDRESS CHY ST 739 HILLE NAME STHEET ADDRESS CHY-ST-ZIP HILE	PT SCHEINAR, ALLEN 400 S POINTE DR #608 MIAMI BEACH FL VP SCHEINER, SADIE 400 S. POINTE DR. MIAMI BEACH FL S SCHEINAR, MARTA	agent and tice it applicable (N) ND DIRECTORS DELETE DELETE DELETE	13. 1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 YITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		ERS AND DIRECTORS IN 12 Change Addition Change Addition
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To a necess centry that the information supplied with this provides not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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