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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M36640

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	TILE, ING.							
Principal Place	of Business	Mailing Address			T TOWARD IN SIDE CITY BOLLOW DESIRE BEARE BEARE BOLL		WEIGHT BANKE	iíbu (BB)
10940 W. SAMPLE RD.  CORAL SPRINGS FL 33065  US  P. O. BOX 8603  CORAL SPRINGS FL 33  US			<b>'5-86</b> 03					
					<ol> <li>Date Incorporated or Qualified 08/12/1986</li> </ol>	3a. Date 07/30		eport
—₁	ace of Business	2a. Mailing Address			4. FEI Number 59-2709 158			plied For
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired S8.75			lot Applicable Additional lequired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	May Be
7 <sub>(p)</sub>	Country 25	Zip 29	Coun	try	8. This corporation has liability for		x under s.	
<u></u>	9. Name and Address of Curren		1991		10. Name and Address of New Ro			
LYTL	e, elizabeth		1	31 Name				
10940 WEST SAMPLE RD. CORAL SPRINGS FL 33065		82		32 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
CON	AL SPRINGS PL 33003		Ī	33				***************************************
			į.	34 City		FLI	<b>85</b> Zip C	
<b>11,</b> Pursuant t office or <i>re</i> agent. Lar	to the provisions of Sections 607.050 agistered agent, or both, in the State or ambar with anti et cent title offici	2 and 607.1508, Florida Statu of Florida: Such change was gions of Section 607.0505, F	ites, the abo authorized lorida Statu	ove-named corpora by the corpora tes.	poration submits this statement for the atom's board of directors. I hereby acce	purpose of che pt the appoin	nanging its	s registered registered
	YII O TAL ON IV	U (FIDARETIL)	VT/E)	V HC	INEHO	- (IIXI)	)	
SIGNATURE .	Signatural typix for paralled harne of Agristo(c) age	X (ELIZHKE) H A	71L£ ]	v. rees	I/E/OL / ulrad when reinstating)	DATE	19'1	
SIGNATURE	Signatura 1913/1 for paralled number of exploited of age OFFICERDANI	A CLIZAMES H And and tice if applicable (NC D DIRECTORS	TE: Registered	Agent signature requ	I VEIOT	DATE CERS AND D	W	**************************************
SIGNATURE	Signatural typy for partied name of agricult age OFFICERD ANI	X (ELIZHKE) H A	13.	Agent signature requ	I/E/OL / ulrad when reinstating)	DATE CERS AND D	RECTOR	T
SIGNATURE	Signs come typy for posted name of controlling age OFFICER DANI VID LYTLE, EUZABETH	A CLIZAMES H And and tice if applicable (NC D DIRECTORS	TE: Registered 13. 1.1 TITL 1.2 NAA	Agent signature requ E	I/E/OL / ulrad when reinstating)	DATE CERS AND D	W	**************************************
SIGNATURE  2. IILE IAME INTEL ADDRESS	Signational type of partial name of a partial age OFFICER ANI VTD LYTLE, ELIZABETH 10940 WEST SAMPLE ROAD	A CLIZAMES H And and tice if applicable (NC D DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STA	Agent signature required to the signature re	I/E/OL / ulrad when reinstating)	DATE CERS AND D	W	T
SIGNATURE  2.  IILE IAME IMELIACONESS  ITY ST. ZIP	Signatura Type of partial name of place age OFFICER ANI VTD LYTLE, ELIZABETH 10940 WEST SAMPLE ROAD CORAL SPRINGS FL	A CLIZAMES H And and tice if applicable (NC D DIRECTORS	13. 1.1 TITE 1.2 NAA 1.3 STA 1.4 CET	Agent signature required to the signature re	I/E/OL / ulrad when reinstating)	DATE CERS AND D	W	Addition
SIGNATURE  ILE IMME STREET ACCRESS CITY - ST - ZIP	Signatura typy for partial name of a partial age OFFICERD ANI VTD LYTLE, ELIZABETH 10940 WEST SAMPLE ROAD CORAL SPRINGS FL PSO	viu and tice if applicable (NC D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STA	Agent signature required to the signature re	I/E/OL / ulrad when reinstating)	DATE CERS AND D	Change	Addition
SIGNATURE  11LE  IAME  STHET ANORESS  CITY-S'-7IP  ITTLE  VAME	Signature by the posted name of specific age OFFICERD ANI VID LYTLE, ELIZABETH 10940 WEST SAMPLE ROAD CORAL SPRINGS FL PSD LYTLE, JEREMY	viu and tice if applicable (NC D DIRECTORS DELETE	13. 1.1 TITE 1.2 NAA 1.3 STA 1.4 CITY 2.1 TITE 2.2 NAA	Agént signature requirements  E  AE  EEF ADDRESS  (-ST-ZIP  E  AE	I/E/OL / ulrad when reinstating)	DATE CERS AND D	Change	Addition
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SIGNATURE  12.  THE  NAME STREET ADDRESS DITY-ST-ZIP  TOTE  NAME STREET ADDRESS DITY-ST-ZIP	Signature by the partial name of place age OFFICER ANI VID LYTLE, ELIZABETH 10940 WEST SAMPLE ROAD CORAL SPRINGS FL PSD LYTLE, JEREMY 10940 WEST SAMPLE ROAD	viu and tice if applicable (NC D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAN 1.3 STA 1.4 CHT 2.1 TITL 2.2 NAN 2.3 STR 2.3 STR	Agent signature required to the signature re	I/E/OL / ulrad when reinstating)	DATE CERS AND D	Change	Addition
SIGNATURE  12.  THE  VAME  SHRET ADDRESS  DITY-ST-ZIP  DITE  VAME  SHRET ADDRESS  DITY-ST-ZIP  HILL	Signature by the partial name of place age OFFICER ANI VID LYTLE, ELIZABETH 10940 WEST SAMPLE ROAD CORAL SPRINGS FL PSD LYTLE, JEREMY 10940 WEST SAMPLE ROAD	V CLIZANSE   H Amount and the of applicable (NC D DIRECTORS	13. 1.1 TITE 1.2 NAN 1.3 STA 1.4 CHT 2.1 TITE 2.2 NAA 2.3 STR 2.4 CHT	Agent signature required to the signature re	I/E/OL / ulrad when reinstating)	DATE CERS AND D	Change	Addition
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SIGNATURE  12.  THE  VAME  SHEET ADDRESS  DITY-ST-ZIP  HILL  VAME  SHEET ADDRESS  DITY-ST-ZIP  HILL  VAME  SHEET ADDRESS  DITY-ST-ZIP  HILL  VAME  SHEET ADDRESS  CITY-ST-ZIP  VAME  SHEET ADDRESS  CITY-ST-ZIP	Signature by the partial name of place age OFFICER ANI VID LYTLE, ELIZABETH 10940 WEST SAMPLE ROAD CORAL SPRINGS FL PSD LYTLE, JEREMY 10940 WEST SAMPLE ROAD	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TILL 1.2 NAA 1.3 STA 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 4.1 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT	Agent signature required for the following signature for th	I/E/OL / ulrad when reinstating)	DATE CERS AND D	Change Change Change	Addition  Addition  Addition
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SIGNATURE  12.  IIILE  NAME  SIDEL ADDRESS  DITY-SY-ZIP  TITLE  NAME  SIREL ADDRESS  DITY-ST-ZIP  TITLE  NAME  SIREL ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREL ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREL ADDRESS  CITY-ST-ZIP	Signature by the partial name of place age OFFICER ANI VID LYTLE, ELIZABETH 10940 WEST SAMPLE ROAD CORAL SPRINGS FL PSD LYTLE, JEREMY 10940 WEST SAMPLE ROAD	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITE 1.2 NAA 1.3 STA 1.4 CIT 2.1 TITE 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITE 3.2 NAA 3.3 STR 4.1 LITE 4.2 NA 4.3 STR 4.4 CIT 5.1 TITE 5.2 NAA 5.3 STR	Agent signature required for the following signature for th	I/E/OL / ulrad when reinstating)	DATE CERS AND D	Change Change Change	Addition  Addition  Addition
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