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



	PROFIT PROPARTION JUAL REPORT 1997	Sandra B Secretar	TMENT OF STATE Mortham y of State ORPORATIONS		ED PM 1: 20
DOCU 1. Corporati	IMENT # M4401 BTC , IN	2 c		SECRETARY TALLAHASSI	y of state ee, florida
### Principal Place of Business Mailing Address ### 8951 NE 8 AVE. #117 ### 8951 NE 8 AVE. #117 ### WIAWI, FL 33138 2. Principal Place of Business 2a. Mailing Address ### Principal Place of Business 2a. Mailing Address #### Principal Place of Business 2a. Mailing Address #### Principal Place of Business 2a. Mailing Address #### Principal Place of Business 2a. Mailing Address ##### Principal Place of Business 2a. Mailing Address ##################################				3. Date Incorporated or Qualified 12/30/1986 4. FEI Number	3a. Date of Last Report March 1997
21		26		59-276021	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	
T.11	9. Name and Address of Current		81 Name	10. Name and Address of New Reg	Jistered Agent
8951 NE 8 AVE. #117 MIAMI, FL 33138 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provision of Section of the provision of Section of S				dress (P.O. Box Number is Not Acceptable reporation submits this statement for the putation's board of directors. I hereby accep	FL 85 Zip Code
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					
10	Signature, typed or printed name of registered agent of OFFICERS AND I		Registered Agent signature requests 13.		DATE EDS AND DIDECTORS IN 12
12.			1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	AUGUST, BRUC 8951 NE 8 AVE. MAMI, FL 33	<i>8</i> 71 <i>7</i>	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	PD AUGUST, GUS	☐ DÉLETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Secretary	☑ Change ☑ Addition C
CITY-ST-ZIP	MIA, FL 33138	- Indiana	2 4 CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	800002 -10/2 ****	Change Addition Carrier Addition Carrier Addition Carrier Addition Carrier Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-2IP	a.a.a	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	10/2	Cl 97 Change Addition

14. It 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 of 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 granged, or on an attachment with an address.

SIGNATURE: B