2-3-91 B- 1217 - C

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 # M45290

JUDY HECKER, P.A.

FILED

Feb 03 1997 8:00am

Secretary of State

Principal Phase of Punispers									
Principal Place of Business Mailing Address						,			
3911 SHERIDAN ST. HOLLYWOOD FL 33021		3911 SHERIDAN ST. HOLLYWOOD FL 33021-3615							
						3. Date Incorporated or Qualified 01/23/1987		te of Last R 0/1996	eport
2. Principal F	lace of Business	2a. Mailing Address 26							oplied For of Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Regul			Additional	
City & State	е	City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be
Zip	Country	Zφ	Cou	untry		8. This corporation has liability for in	rtangible		
24	25	29	30			Florida Statutes	Yes [No	
	9, Name and Address of Curre		- A	Ι		10. Name and Address of New Reg			
HEC	KER, JUDY			81	Name				
	SHERIDAN ST.			L					
	LYWOOD FL 33021			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
				83					···
1				84	City		FL	85 Zip	Code
11. Pursuant office or ragent La	to the provisions of Sections 607.08 egistered agent, or both, in the Sta im familiar with, and accept the obli	02 and 607.1508, Florida Statu le of Florida. Such change was gations of, Section 607.0505, F	tes, the a authorize lorida Sta	bove d by tutes	e-named corpora the corpora s.	poration submits this statement for the protein's board of directors. I hereby accep	urpose of t the app	changing it ointment as	s registered registered
SIGNATIONE	Signature: typed or printed name of registered a	gent and title if applicable. [NO	TE: Registere	d Age	nt signature requi	red when reins(aling)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
TITLE	Р	DELETE	1.1 1	ITLE				Change	Addition
NAME	HECKER, JUDY		1.2 N	AME					
STREET ADDRESS	3911 SHERIDAN ST.		138	TREET	ADDRESS				İ
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 C	ITY-S	iT-ZIP				1
TITLE		DELETE	21T	ITLE				Change	Addition
NAME			22 N	AME					
STREET ADDRESS			2.3 \$	TREET	ADDRESS				ŀ
CITY ST-ZIP			2.40	CITY-S	ST-ZIP	·			
.TITLE		DELETE.	3.1 Ti	ITLE				Change	Addition
NAME			3.2 N	AME	[ĺ
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY ST-7IP			3.4. 0	CITY-S	ST-ZIP				
TITLE		DELETE	4.1 T	ΠLE				Change	Addition
NAME			4.21	NAME		·			
STREET ADDRESS		•	4.3 S	TREET	ADDRESS				1
CITY-ST-ZIP			4.4 C	ITY-S	1 - 219				
TITLE		DELETE	5.1 TI	ITLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 0	aty-s	11-ZIP				_]
TITLE		DELETE	61 T					Change	Addition
NAME			62 N	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-7/P					Y-ZIP				
	*	······································							

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 in 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 B ock 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Jow. 28, 1997

Daytime Phone #