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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

l	Secretary of S DIVISION OF CORP			•			Secretary of State		
1, Corporation	MENT # N Name ENTERPRISES	147837 CORP.	(3)						i Rigii XIII
Principal Place	of Business	- Adail	ny Addross					AL BURN BURN BIŞI	
2900 SW 1215	ST AVE.	280	Mailing Address 2600 SW 121ST AVE.						
DAVIE FL 333	30	UA	/IE FL 33330				DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified 03/06/1987		
2. Principal Pl	ace of Business	2a. 1	Aailing Address				4. FEI Number	AF	plied For
21	 	26					65-0221624		ot Applicable
Suite, Apt.	#, elc.	} ₁	suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & State		[27]	ity & State				6. Election Campaign Financing	\$5.00	
23		28	,				Trust Fund Contribution	Added 1	
Zip	Cour		'ip	Coun	itry		8. This corporation owes or has paid the c	urrent year Int	angible
24	25	29		30			Personal Property Tax due June 30.		No
		ress of Current Registe			91 T	Alama	10. Name and Address of New Registered	I Agent	
		BAUM, ATTORNEYS A	T LAW	"	91	Name			
4651 SHERIDAN ST., STE. 300					92	Street Add	lress (P.O. Box Number is Not Acceptable)		
HU	LLYWOOD FL 3302	:1			83			· · · · · · · · · ·	
				Ľ	1			:	
					84	City	F	85 Zip (Code
office or re agent I ar SIGNATURE	egistered agent, or bo m familiar with, and ad	th, in the State of Florida ecept the obligations of the	Such change was a Section 607.0505, Flo	authorized orida Statu	by tes	the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the applied when reinstating) DATE	pointment as	registered
12.		OFFICERS AND DIRECT	OHS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 T(TL	.E			☐ Change	Addition
NAME	SHOUA, DAVID			1.2 NAN	ΑE				
STREET ADDRESS	2800 S.W. 121S	t avenue		1.3 STR	EET	ADDRESS			
CITY-ST-ZIP	DAVIE FL			1.4 CITY		- ZIP			
TITLE	S ALICA		☐ DELETE	2.1 T(TL				Change	Addition
NAME STREET ADORESS	SHOUA, AUSA 2800 SW 121ST	AVE		2.2 NAM		ADDRESS			
	DAVIE FL	AVE.		2.3 STR 2. 4 CIT					
CITY-S1-ZIP TITLE	V		□ DELETE	3.1 T(TL		1 · £IF		☐ Change	Addition
NAME	SHOUA, RAY			3.2 NAM					
STREET ADDRESS	2800 SW 121 A	/ENUE				ADDRESS			
CITY-ST-ZIP	DAVIE FL			3.4. CIT					İ
TITLE			DELETE	4.1 TiTL				Change	Addition
NAME				4. 2 NAJ	MÉ				
STREET ADDRESS				4.3 STR	EET A	ADDRESS	·		
CITY-ST-ZIP			The eve	4.4 CITY		- ZIP	**************************************		
TITLE			☐ DELETE	5.1 TITL				Change	Addition
NAME				5.2 NAN				•	
STREET ADDRESS				B		ADDRESS			
CITY-ST-ZIP			DELETE	5.4 C/TY 6.1 T/TL		-2117		Change	Addition
NAME				6.2 NAM					-
STREET ADDRESS						ADDRESS		:	

CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address.

SIGNATURE:

FILED

Feb 12 1998 8:00am