## 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 # M49011

(3)

A.I.P.P., INC.

FILED
May 12 1997 8:00am
Secretary of State

Principal Place	incipal Place of Business Mailing Address				t fatigett fit dinin tillig libint tinne tibt gent till at till betre bille matt dinte bant				
P.O. BOX 430964 SOUTH MIAMI FL 33243			P.O. BOX 430864 South Miami Fl 33243-0864						
SOUTH MIAMI	re wer	000111 #	IIIIII FE OOLYO			3. Date Incorporated or Qualified 03/25/1987	3a. Date	of Last Re	eport
2 Dringing Di	lace of Business	2a. Mailin	n Address	<del> </del>		4. FEI Number	1 00/0		plied For
	lace of business	<u> </u>	y Address			65-0002107			ot Applicable
Suite, Apt.	# 6/2	26 Suite	Apt. #, etc.					\$8.75	
22	#, <del>0</del> 10	27	7-(p). #, O(O)			5. Certificate of Status Desired		Fee Re	
City & State	Δ		State		<del></del>	6. Election Campaign Financing			
City & State City & State 28		State			Trust Fund Contribution	\$5.00 May Be Added to Fees			
<b>Z</b> ip	Country	Zip		Country	,	This corporation has liability for it	nta <b>mh</b> ihla ta		
24	25	29		30		Florida Statutes	Yes 🔲	No	. 100.002,
24]	9. Name and Address of Cu		Agent	1301		10. Name and Address of New Re			
FN				B1	Name		*		
	EMAN, PAUL H., ESQ.	TE 1400		_					
	O S. DADELAND BLVD., SUIT	IE 1400		82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
MIA	MI FL 33125			63	<del> </del>		,		
				84	City		FL	85 Zip	Code
					L				
11. Pursuant	to the provisions of Sections 607 egistered agent, or both, in the 5	.0502 and 607.150l State of Florida, Suc	B, Florida Statu In change was	tes, the abov authorized b	e-named ( v the corp	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of cl	nanging it ntment <b>a</b> s	registered
agent. I a	m familiar with, and accept the c	bligations of, Section	on 607.0505, F	lorida Statute	S.	0.000,0000,0000,0000,0000,0000,0000,0000,0000			
SIGNATURE									
OIGH AT OTH	Signature, typed or printed name of registers				ent signature r	equired when reinstating)	DATE		
12.		AND DIRECTORS		13.	<del>-</del>	ADDITIONS/CHANGES TO OFFIC			***************************************
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NAME	UGENT, AVERY			1.2 NAME	Į				
STREET ADDRESS	P.O. BOX 430964 (NA)			1.3 STREE	T ADDRESS				
CHTY - S1 - ZIP	SOUTH MIAMI FL 33243			1.4 CITY-	ST-ZIP				
TITLE			DELETE	2.1 TITLE	1		L	Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	T ADDRESS				
C11Y - S1 - ZIP				2. 4 CITY	ST-ZIP				
TOLE			DELETE	3.1 TiTLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS					T ADDRESS				
				3.4. CITY					
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	O1-EH			Change	Addition
			bood www.hith	4.2 NAM	. }		_		
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STREET ADDRESS									
CiTY - ST - ZIP			DELETE	4.4 CITY -	51-ZIY		······	Change	Addition
11,1FE			L.J UELETE	5.1 TITLE				_ orango	Addition
NAME				5.2 NAME	- 1				
STREET ADDRESS					T ADDRESS				
CITY+ST-ZIP				5.4 CITY	ST-ZIP			7.6	Janes
TITLE			DELETE	6.1 TITLE			L	Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	T ADDRESS			•	
CHTY-ST-Zif*				64 CITY					
	by certify that the information su	onlied with this filing	a does not qua	lify for the ex	emption st	tated in Section 119.07(3)(i), Florida Statute	s. I further o	ertify that	t the

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Fordia Statutes. 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 tegal 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICED OR DIRECTOR

04-28-9

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