## 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 # M52147

(9)

PAMELA M. MIDDLEBROOKS, P.A.

**FILED** Jan 28 1997 8:00am Secretary of State

222 SE 10TH 5	c-pal Place of Business Mailing Address  SE 10TH ST 222 SE 10TH ST LAUDERBALE FL 33316 FT. LAUDERDALE FL 33316-1026			T HORSEDII PAT BIING HORM INDII OLON ITRE CIDN BIRIN ALBIN SHAN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN	
		/		3. Date Incorporated or Qualified 05/15/1987	3a. Date of Last Report 04/10/1996
2. Principal Pl	Missile River Dr.	28. Mailing Address	e Rose Dr	4. FEt Number 65-0002122	Applied For Not Applicable
Suite, Apy	#.etc. u. # 302	Suite, figt. #, etc.	302	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	sersele Fr	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
4 3 <b>3</b> 3	OX 25 USA	29 3330×	Country 30 USA	8. This corporation has liability for in	<del></del>
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	jistered Agent
273 STE FT.	DLEBROOKS, PAMELA M. 4 EASP OAKLAND PARK BLVD. 1,200 LAUDERBALE FL 33306		82 Street Add	MIDDLE RIVER I K 362 LANCEROACE	FL 85 Zip Code 33350
office or ri agent. I ai SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida Such change wa ons of, Section 607.0505,	s authorized by the corpora Florida Statutes.	poration submits this statement for the pation's board of directors. I hereby accep	t the appointment as registered
12.	Styrature type Lor portrol came of registered agent OFFICERS AND		IOTE Registered Agent signature requ	aired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12
TIFE TITLE	POST OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MIDDLEBROOKS, PAMELA M.	otter		_	•
	222 SE 107HTST		1.3 STREET ADDRESS	15 Nipole River	DRIVE SUITE 302
STREET ADDRESS	FT_LAUDERDALE FL		1.4 CITY OT TIP	715 Nivale River FORT LAUDERDAL	C E RERAL
CITY-ST-ZIP TITLE	T LEADERDALL TE	DELETÉ	1.4 CITY - ST - ZIP 2.1 TITLE	TORT FULLERANDE	Change Additio
1			22 NAME		C Overigo C vegue
NAME CARCEA ADDRESS			2.3 STREET ADDRESS		
STREET ADDRESS			2. 4 CITY - ST - ZIP		
CITY - ST - 7IP     TITLE		DELETE	3.1 TITLE		Change Additio
NAME		****	3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY: S1: ZIF			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		Product or a second of the	6.2 NAME		
			1		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ad in Section 119 07(2)(i) Florida Statute	I for other a postific that the

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 eath; 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 inchanged, or on an attachment with an address.

SIGNATURE: