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

/71

Principal Place of Business Mailing Address 141 SW 96TH TERRACE 141 SW 96TH APT #101 APT #101					3. Date Incorporated or Qualified 3a. Date of Last Report		
					03/08/1988	03/07/1996	
· ·	ace of Business	2a. Mailing Address			4. FEI Number 65-0038276) 	pplied For
Suite, Apt	#, etc.			-,		<u>¢0.75</u>	ot Applicable Additional
22		27			5. Certificate of Status Desired		Required
City & State	1	City & State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zιρ 24	Country 25	Zip	Country 30	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8. This corporation has liability for Florida Statutes	intangible tax under	s. 199.032,
<u></u>	9. Name and Address of Curre				10. Name and Address of New Re	— · · · · · · · · · · · · · · · · · · ·	
	CHHOLDER, BARRY L PA		81 N	ame			,
7501 NW 4TH \$T #112 PLANTATION FL 33317			82 S	reet Addre	ess (P.O. Box Number is Not Acceptat	ole)	
1127	MINION I E 000 II		83			p#1	
			B4 C	ity		85 Zip	Code
	7.6	00 - 10074500 51				F-1	N
SIGNATURE	Stgrature, typed or protect runse of migistered a	gent and fille it approable. (NOTE	: Registered Agent si			DATE	
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	LEE, HERBERT		1.1 TITLE			L. Orango	, LJ Adellian
STREET ACORESS	141 OW OCTH TEODACE #101		1.3 STREET ADDRESS		4		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZI	İ			
THEE	D	DELETE	2.1 TITL€			Change	Addition
NAME	LEE, TEDD	14	2.2 NAME				
STREET ADDRESS	141 SW 96TH TERRACE #10 PLANTATION FL	/1	2.3 STREET ADD	RESS			
C(TY - ST - Z)P	FUNIATION FL	DELETE	2 4 CITY - ST - Z	IP		[] Chassa	Addition
TITLE		☐ hereig	3 1 TITLE			☐ Change	Addition
NAME CIRCLEADORDED			3.2 NAME 3.3 STREET ADD	pece			
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-Z	ı			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME			_	
STREET ADORESS			4.3 STREET ADO	RESS			ı
CITY - \$1 - 2IF			4.4 CITY - ST-ZI	<u> </u>			
TITLE		☐ DELETE	51 TITLE			Change	Addition
NAME			52 NAME)			
STREET ADDRESS			5.3 STREET ADD	ress			
CITY-S*-ZiP		Loriere	5.4 C(TY - ST - Z)	Р			1 1 1 7 1 7
1 INTLE		DELETE	6.1 TITLE			Change	Addition
NAME PERFET ADOMES			6.2 NAME	DECC			
STREET ADDRESS			6.3 STREET ADD	nE99			

64 CITY-ST-ZIP

14. To 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 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:

CHY SI-ZIP

FILED

Mar 04 1997 8:00am

Secretary of State