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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # M76249

(5)

Principal Place	e of Business	CENTER INC. Mailing Address 7544 C-3 WEST MCNAI	a RD	
7544 C-3 WEST MCNAB RD. NORTH LAUDERDALE FL 33068		NORTH LAUDERDALE F		
				3, Date Incorporated or Qualified 3a, Date of Last Report 04/12/1988 05/01/1996
2. Principal Pl	ace of Business	2a, Mailing Address		04/12/1988 05/01/1996 4. FEt Number Applied For
21		26		65-0053761 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Regulard Fee Regulard
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip □	Country	Z _I p	Country	8. This corporation has liability for intargible tax under s. 199.032,
24	25 Name and Address of Currer	29 29 Agent	[30]	Florida Statutes Pres No Mano 10, Name and Address of New Registered Agent
GAMELSKY, ARNOLD 7544 C-3 WEST MCNAB RD.			81 Name	19.
			82 Street	Address (P.O. Box Number is Not Acceptable)
NOR	ITH LAUDERDALE FL 33068			
			83	·
			84 City	FL 85 Zip Code
11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	The state of the s	,		
	Signature, typed or printed hame of registered ago		VOTE: Registered Agent signature	
12.	D OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	GAMELSKY, ARNOLD	_	1,2 NAME	
STREET ADORESS	7630 GRANVILLE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	T her ere	1.4 CITY-ST-ZIP	A
TITLE NAMÉ		DELETE	2.1 TITLE 2.2 NAME	Change Addition
STREET ADDRESS			2.3 STREET ADDRESS	
CHTY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADORESS			3.3 STREET ADORESS	
CITY-ST-7IP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change** ☐ Addition
NAME			4.2 NAME	
City-si Zip			4.3 STREET ADDRESS	
TITLE		Divers	4.4 CITY - ST - ZIP	
NAME		DELETE	5.1 TITLE 5.2 NAME	Change Addition
STREET ADDRESS		:	5.2 NAME 5.3 STREET ADDRESS	
TITLE			5.4 CITY-ST-ZIP	
NAME		DELETE	6.1 TITLE	☐ Change ☐ Addition
STHEFT ADDRESS			6.2 NAME	· -
CITY-ST-ZIP			6.3 STREET ADDRESS	
14. I do hereb	by cortify that the information supplie	d with this filing does not ou	B.4 CITY-ST-ZIP	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the
l am ari of appears in	ficer or director of the corporation or Block 12 or Block 13 if changed, or	supplemental annual report in the receiver or trustee emp or on an attachment with an a	is true and accurate and owered to execute this readdress.	lated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that eport as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

APR 25 1997

964-720-8811

Daylime Phone #

FILED

May 01 1997 8:00am

Secretary of State