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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M85367

(4)

COFFEY	A Name To	(4)			
Principal Place of Business		Mailing Address	•		inn: nimit nimit nimtt nimtt nimtt himft innt
2425 E. COMMERCIAL BLVD. #403		2425 E. COMMERCIAL BLVD. #403			
FT. LAUDERDA	ALE FL 33308	FT. LAUDERDALE FL 33300	3-4095		
				3. Date Incorporated or Qualifie 06/14/1988	d 3a. Date of Last Report 07/02/1996
2. Principal Pi	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0064913	Applied For Not Applicable
Suite, Apt	# etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		or intangible tax under s. 199.032,
4	25 9. Name and Address of Current	- <del> </del>	30	Florida Statutes  10. Name and Address of New	-
ITIE	BERS, ROBERT		B1 Name	T 0 1	
	O.N. FEDAERAL-HWY. 72		82 Street Addre		e e
	LAUDERDALE-FL-00000		Street Addit	ess (P.O. Box Number is Not Accep	Road
			63		
			84 City CL	. Lauderdale.	FL 85 Zip Code 36 30 8
11. Pursuant to	to the provisions of Sections 607 0502 ogistered agent, or both, in the State of m thmiliar with, and accept the obligat	and 607.1508, Florida Statute Florida. Such change was a	s, the above-named corp uthorized by the corporati	oration submits this statement for thion's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered
		ions of, Section 607.0503, Flor	iida Statutos.		
SIGNATURE.	Signature, lymetre direct rums of registered gent	and little if applicable. (NOTE	Registered Agent signature require	ed when reinstating)	DATE
12.	QFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TIFLE	IFE IMPER D	☐ DELETE	1.1 TITLE		Change Addition
NAME	LEE, JAMES P. 4 MINNETONKA RD		1.2 NAME		
STREET ADDRESS	SEA RANCH LAKES FL 33308		1.3 STREET ADDRESS	•	
CITY - ST - ZIP TITLE	OEA TOTION ENTED TE GOODS	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		C ONGUÃO C ACCURA
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY-ST-ZIP		
Tille		DELETE	3.1 TITLE	······································	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City+S1+ZiP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		LIDELETE	4.4 CITY-ST-ZIP		Observa Haddison
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME CANCEL ADMINESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY - ST - ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		man - winger - man in the control of
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+S1+ZiP			6.4 CITY-ST-ZIP		
14. I do heret	by certify that the intermation supplied	with this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Stat	utes.   further certify that the
iniomialio Lani an of appears ii	in indicated on this annual report or su fficer or director of the corporation or t in Block 12 or Block 13 if changed, or	pplemental annual report is the he receiver of trustee empowe on an attackment with an add	ue and accurate and that ered to execute this repor ress.	my signature snall have the same it t as required by Chapter 607; Florid	a Statutes; and that my name

Oate