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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	IUAL REPORT 1997	Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
ti Corporar	JMENT # M995(TERPRISES OF IOWA, INC	` '				
000		v .				
Principal Pla	ace of Business	Mailing Address		F INDIANOSI MA IBRID ININ DELLA GARANE	anır alorı Bibiş digir bidil bidir gibir 1681	
421 E SHERIDEN ST DANIA FL 33004 421 E SHERIDEN ST DANIA FL 33004-4603			1			
				 Date Incorporated or Qualifie 09/13/1988 	3a. Date of Last Report 05/01/1996	
2. Principal 21	Place of Business	2a. Mailing Address		4. FEI Number 65-0073656	Applied For Not Applicable	
Suite, Ap	ot #, etc.	Suite, Apt #, etc	3.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & St. 23	ato .	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z(p)	Country 30	8. This corporation has liability Florida Statutes	for intangible tax under s. 199.032, Yes No	
	9. Name and Address of Cui	rrent Registered Agent		10. Name and Address of New	Registered Agent	
11. Pursuar office of agent 1	فدرزو خم مستقريب سيكك		Statutes, the above-named was authorized by the corpos, Florada Statutes	corporation submits this statement for the corporation's board of directors. I hereby act	FL 85 Zip Code 3333/ ne purpose of changing its registered coept the appointment as registered	
*****	Signature, lybert or printed name of reg (5) as	d agtorit and the if applicable	Note: Registered Agent argnature	required when reinstating)	DATE	
12.	SVP	AND DIRECTORS DELET	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition	
TITLE	HUFFMAN, COURTNEY	UM DECE			Change Addition	
MAM	404 E OUEDIDEN OT		1.2 NAME			
STREET ADDRESS	DANIA FL		1.3 STREET ADDRESS			
CHTY - S1 - ZIP TITLE	P	DELE	1.4 CiTY+ST-ZIP E 2.1 TITLE	p ₅	Change Addition	
	HUFFMAN, BETTY C.	[] 0,:201	2.2 NAME	r u	Change L. Acquion	
NAME Despression	404 E CHEDIDEN CT		2.3 STREET ADDRESS			
STREET ACCURES	DANIA FL					
CHY-ST-ZIP THLE		☐ DELET	2. 4 CITY - ST - ZIP E 3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRES			33 STREET ADDRESS			
CITY - \$1 - ZIP	~		34 CITY-ST-ZIP			
TITLE		DELET			Change Addition	
NAME		****	4. 2 NAME			
STREET ADDRES	S		4.3 STREET ADDRESS			
CITY- ST- ZIP			4.4 CITY-S1-ZIP			
TITLE		☐ DELET		:	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	s		5.3 STREET ADDRESS	••		
CLTV - \$1 - 710			5.4 CiTY - ST - 7iP			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certily 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 and cated 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 chariged, or on an attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAM: STREET ADDRESS.

DELETE

Change

___ Addition

FILED

Feb 05 1997 8:00am