## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

CORPORATION ANNUAL REPORT 1997			Sandra B. Mortham Secretary of State Division of Corporations		Apr 16 1997 8:00am
DOCUN 1. Corporation WEST		N 9500 EA FOOTBAL	00000000000000000000000000000000000000		
Principa Place of Business Mailing Address  1000 S.W. 133 Terrace SAME Davie, FL 33325					100002145531 -04/17/9701001056 ***61.25
	185.189		T		3. Date Incorporated or Qualified 01/09/95 3a. Date of Last Report
2. Principal Pi	lace of Busines	S	2a. Mailing Address		4. FEI Number Applied For 65-0553798 Not Applicable
State, Apt. #, etc.			Suite, Apt #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	<u> </u>		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	25	Country	Z(p 29	Country 30	8. This corporation has liability for intangible tax under s 199.032. Florida Statutes
	9. Name ar	d Address of Current I	Registered Agent		10. Name and Address of New Registered Agent
0 1	. 1			[ [	Paula Lowman
Schr	neider,	Laz L. rd Avenue	#1.00	<b>82</b> Stre	treet Address (P.O. Box Number is Not Acceptable) 1000 S.W. 133rd Terrace
			33301	63	
, 10.	Dadder	udic, il	33301	84 Crt	75: 75: 9 0 303219 85 Zip Code _
<u> </u>					Davie   FL   33325
<ol> <li>Pursuant t office or re</li> </ol>	to the provision egiştêrêd agen	s of Sections 617.0502 : I, or both, in the State of	and 617.1508, Florida S Florida. Such change v	tatutes, the above-name vas authorized by the	amed corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered
	n jamilihr with	and addept the obligation		3, Florida Statutes. Ceasurer	
SIGNATURE _	Signature typed on	ricteri name of registereo agenti-		(NOTE: Registered Agent sign	gnature required when reinstating) DATE
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE			☐ DCLETE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  President
NAME STREET ADDRESS				1.3 STREET ADDRE	David Goloway  Sees 5601 S.W. 195th Terrace
CITY+S1-ZIP				1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33332
THE			☐ DELETE		Vice-President Change XXAddilion O
NAME				2.2 NAME	Roy Jossfolk
STHEET ADDRESS				2 3 STREET ADORE	1 1 2 2 0 VIACI OUVE
CHY ST- AP	<del></del>		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Change K Kaddillian
NAME			_	3.2 NAME	Secretary Debbie Ennis
STREET ADDRESS				3 3 STREET ADDRE	560 S.W. 166th Terrace
CITY+ST-7iP				3.4. CITY - ST - ZIP	Ft Laudardala FL 33326
TITLE			☐ DELETE		Director Change XXAddition
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRE	DRESS Jerry Rakestraw
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Oli Alta Vista
TITLE			☐ DELETE	5.1 TITLE	Director Change Change
NAME				5.2 NAME	Kathryn Spiritis XA //
STREET ADDRESS				5.3 STREET ADDRE	RESS 3507 Derby Lane
Title			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Director Change KNAOdulion
NAME		`		62 NAME	David Hoodiman
STREET ADDRESS		\ .		6.3 STREET ADDRE	ness   150 S.W. 159th Way
CITY-ST-ZIP	no prefer states	-1	A thin tiles deser	6.4 CITY - ST - ZIP	P Sunrise, FL 33326
informatio	by certify that the indicated on	this annual report or yur	polemental annual repoi	t is true and accurate	tion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the e and that my signature shall have the same legal effect as if made under oath; that
appears in	n Block 12 or E	lock 13 f changed or	in an attachment with a	ipowered to execute to address.	e and that my signature shall have the same legal effect as if made under oath, that this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: \_

SIGNATURE AND TYRES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David Goroway, President

**FILED**