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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2. Principal Place of Business		PARK DR.	• •	Mailing Address 570 COLONIAL PARK DR. SUITE 301						
2. Frincipular Place of Business 2. Mailing Address 5. FET Number Applies Ap	NOSIVELE ON S	w/J	Modification and and				1	1		eport
Suite, Apt. #, etc. 2	2. Principal Pl	ace of Business	2a. Mailing Address							plied For
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Zip Country Zip	City & State	;	City & State	7 1111.11.11			, -			
S. Name and Address of Current Registered Agent CARTWRIGHT, LLOYD 9767 SW 92ND TERR MAMI FL 33176 87 Name 88 Name 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Address of the purpose are of Sociens 607 0502 and 607 1508. Florads Statutes. Pre above-memor disposal and submits this statement for the purpose of changing ats registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing ats registered agent, or both, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature State of the purpose agent submit and state of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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, 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, 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, or both, in the State of Florida. Such change are authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes. 18		Country		Cour	ntrv			r internibl		
S. Name and Address of Current Registered Agent CARTWRIGHT, LLOYD 9767 SW 92ND TERR MIAMI FL 33176 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 67 Cor registered agent, or both in the State of Florids. Statules in the prove one of Socione 607 0507 and 607 1508, Florids Statules. Pre above-named corporation submits this statement for the purpose of changing its recording or registered agent, or both in the State of Florids. Statules in the State of Plorids in the State of Plorids in State of Plorids in State of Plorids in State of Plorids in the State of Plorids in State of Plorids	٦ .	₁		1	,					188.032
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MAMI FL 33176 BS City FL BS Zip Code				Į,	1					
B3				[82 Str	eet Addre	ess (P.O. Box Number is Not Accept	able)		
1. Pursuant to the provisions of Socione 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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, and to expit the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of Socion 607.0505, Florida Statutes. In an infamiliar with, and accept the obligations of Socion 607.0505, Florida Statutes. In an infamiliar with a control of Socion 607.0505, Florida Statutes. In an infamiliar with a control of Socion 607.0505, Florida Statutes. In an infamiliar with a control of Socion 607.0505, Florida Statutes. In an infamiliar with a control of Socion 607.0505, Florida Statutes. In an infamiliar with a control of Socion 607.0505, Florida Statutes. In an infamiliar with a control of Socion 607.0505, Florida Statutes. In an infamiliar with a control of	MIALY	II FL 33176		ļ	83					
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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 changled, or on an attachment with an address.	informatio	n indicated on this annual report of finer or director of the comorallyin	r supplemental annual report is tri or the receiver or trustee empowi	ue and a ered to e	ccurate	and that	my signature shall have the same le-	gal effect (as if made un	der oath; the

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Feb 03 1997 8:00am

Secretary of State