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 # P28559

DICK LOEHR'S, INC.

10

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 37 PORTSIDE DRIVE 37 PORTSIDE DRIVE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316-3008							
					3. Date Incorporated or Qualified 03/20/1990	3a. Date of La 05/01/199	
2. Principa:	Principa: Place of Business 2a. Mailing Address			······································	4. FEI Number		Applied For
21		26			38-1957232		Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired) T =	75 Additional se Required
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for		
24	25 29 30					Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	igistered Agent	
	ADY, JAMES C.			81 Name			
1318 S.E. SECOND AVENUE			ţ	82 Street Ad	dress (P.O. Box Number is Not Acceptal	ole)	
FU	ORT LAUDERDALE FL 33316		-	63			
}.			- 1	04 03			7- 6-4-
				84 City		FL 85	Zip Code
SIGNATURE	Signature, typed or printed name of registered ag				guired when reinstating: ADDITIONS/CHANGES TO OFFICE	DATE	TOPS IN 12
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NAME	LOEHR, RICHARD L., JR.		1.2 NA	1		ت د د	1.
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CITY - ST - ZIF	FT LAUDERDALE FL		1	Y-ST-ZIP)}
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TIFLE		☐ DETE IF	61 717			L. Una	in Part Modition
NAME executables			62 NA				
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CHY-ST-ZIP	the partie that the information provide	ad with this filips does not ave		IY-ST-ZIP	ted in Section 119 07/3Vi) Florida Statute	no. I further certify	that the

ing ones not quality for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I on nereoy certify that the information indicated en this annual Lam an officer or director of the coappears in Block 12 or Block 13 if o

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

0276402