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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 06 1997 8:00am

Secretary of State

DOCUMENT # P9200000537 (0)

2701 WEST ATLANTIC, INC.

Principal Plac	ce of Business	g Address						
2701 W. ATLA		2701 W. ATLANTIC BLVD.						
POMPANO BE	ACH FL 33069-2549	POMP	ANO BEACH FL 330	69-2549				
							3. Date Incorporated or Qualified 10/28/1992 05/01/1996	
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Number Applied For	
21		26					65-0372242 Not Applicable	
Suite, Apt.	. #, etc.	1	Suite, Apt *#, etc. I				5. Certificate of Status Desired \$8.75 Additional	
City & Stat	10	27	27 City & State			<u>.</u> .	Fee Required	
23		28	⊢ ′				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Zip Country		Zip Country					
24	25	29		30			 This corporation has liability for intangible tax under s. 199.032, Florida Statutes No	
 	9, Name and Address of Current		ed Agent				10. Name and Address of New Registered Agent	
. WAI	LDMAN, JAMES W				81	Name	10	
- 600-3-ANDREWS AVENUE, STE - 405-					82	Stroot	et Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33301					62	440 S ANDREWS AVE		
				-	83	_,_,,		
				-	84	Dis.		
					84	City	LAUDERDALE FL 85 Zip Code 3380/	
11. Pursuant	to the provisions of Sections 607.0502	and 607.	1508, Florida Statut	les, the at	IOVE)	-named	ed cornoration submits this statement for the ournose of changing its registered. I	
office or i	registered agent, or both, in the State c am familiar with, and accept the obligat	of Florida tions of, Se	Such change was ection 607.0505, FI	authorized orida Stati	i by ules	the corp	orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	,		,					
OIGHATOTIC.	Signature, typed or printed name of registered agent	tand file if ap	(NO)	E: Regissered	Ager	it signatura	fulle required when reinstating) DATE	
12.	OFFICERS AND	DIRECTO		18.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		DELETE	1.1 101	LE		P/T/D Change Addition	
NAME	CIOFFI, ADELMO			1.2 NA	MΕ			
STREET ADDRESS 2701 W. ATLANTIC BLVD.				1.3 ST	1.3 STREET ADDRESS		S	
CITY-ST-ZIP	POMPANO BEACH FL 33069-25	349	The second	14 CI		- 7 IP		
TITLE			☐ DELETE	21 111			VPI\$(D ☐ Change ☑ Addition	
NAME				2 8 NA			JAMES W. WALDMAN	
STREET ADDRESS				28 \$1	REFT	ADDRESS	S	
CITY-ST-ZIP			The exe	2 4 0		1 - 71P		
TITLE			☐ DELETE	3 1 1 11			J Change Addition	
NAME			•	3.8 NA				
STREET ADDRESS						Andress	5	
CITY-ST-ZIP			D01117	3.4. CI		1 - ZIP		
TITLE			☐ DELF1E	4.1 1/1			Change Addition	
NAME				4.2 N/		IDDLCCC		
STREET ADDRESS						ADDRESS	5	
CITY-ST-ZIP			DELETE	4.4 CH		- 71P	Ohanna Takarusa	
TITLE			F1 rerese	5.1 1/1			L Change L Addition	
NAME				5.2 NA		IBBBBBB		
STREET ADDRESS						ADDRESS	5	
CITY-ST-ZIP TITLE	 		DELFTE	5.4 CIT		- 71P	Change Laddition	
			□ n(tit	6.1 111			Change Addition	
NAME PROFEST APPROFESS	1			6.2 NA				
STREET ADDRESS				6.3 ST	it ET /	ADDRESS	>	

6.4 CITY - ST- ZIP 14. I do hereby certify 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 indicated on this annual report or supplied mental 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 deceiver or to see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with any address.