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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P92000001527 (0)

## FILED Apr 29 1997 8:00am Secretary of State

Principal Place 1785 N CONGR BOYNTON BEA	e of Business RESS AVENUE									
							3. Date Incorporated or Qualified 11/03/1992		ne of Las 01/199	
	lace of Business	2a. Mailing	Address				4, FEI Number			Applied For
21	h ata	26					65-0371512		- 00 -	Not Applicable
Suite, Apt :	#, etc.	27 Suite, F	Apt. #, etc.				5. Certificate of Status Desired		<b>+-</b>	5 Additional Required
City & Stale	e	City & 5	State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip		Cou	intry	<del></del>	8. This corporation has liability for	or intengible	tax unde	
24	25 9. Name and Address of Curre	29 ont Registered Ac	ent	30			Florida Statutes  10. Name and Address of New F			
SHII	NDER, LANCE W				81 Na	me				
	5 SW 3RD AVE		82 Street			eet Addre	ess (P.O. Box Number is Not Accept	able)		
	MI FL 33129			Į	OII	or Addie	ssa (i .o. box number is not recept			
				ĺ	63					
				1	<b>84</b> City	,/			<b>85</b> Z	ip Code
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agent La	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the oblig	gations of Section	1 607 0505. FI	orida Stati	u by ule	COIPCIBLIC	on a board or directors. I hereby acc	whit into app	OHIEHORIE	as registered
SIGNATURE	Signature, typed or printed name of registered as							DATE		
SIGNATURE	Signature, typed or printed name of registered ap						d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE	OFFICERS AN	gent and title if applicable		E: Registered	d Agent sign		d when reinstating)	DATE		ORS IN 12
SIGNATURE .	OFFICERS AND PRIEDMAN, ALAN	gent and title if applicable	a. (NOI	E: Registered	d Agent sign		d when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS AND D FRIEDMAN, ALAN 6320 SHINNECOCK LN.	gent and title if applicable	a. (NOI	13. 1.1 TII 1.2 NA 1.3 ST	d Agent sign TLE AME TREET ADDRE	ature require	d when reinstating)	DATE	DIRECT	ORS IN 12
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information indicated 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 cyclic receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or flock 13 or hanged, error an attachment with an address.

SIGNATURE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

561-736-6002

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