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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200004587 (1)

Principal Prace		Malling Address				
4725 NW 103 AVE Sunfise FL 33351 US		7845 W SAMPLE ROAD STE 217 CORAL SPRINGS FL 33085-4709				
				 Date Incorporated or Qualified 11/10/1992 	3a. Date of Last Re 12/30/1996	port
2. Principal Pia	ace of Business	2a. Mailing Address	A	4. FEt Number		olied For
1	p	26 4725 NU) 103 Ave.	65-0429068		Applicable
Suite, Apt #	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State		City & State	70	6. Election Campaign Financing	\$5.00	
3	Country	28 Sunrus	Country	Trust Fund Contribution	Added to	
Z(p)	25	29 33 35 /	30 DSA	This corporation has liability for Florida Statutes	or intangible tax under s. Yes No	199.032,
Ч	9. Name and Address of Curren			10. Name and Address of New I		
LEV.	SHAY M.	***************************************	81 Name			
	N.W. 88TH AVE., #201		62 Street Add	ress (P.O. Box Number is Not Accept	table)	
CORA	AL SPRINGS FL 33065					
			83			
			84 City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip C	Code
11. Parsuant to	o the provisions of Sections 607.050	12 and 607 1508. Florida Statu	tes, the above-named corr	poration submits this statement for the		s registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was ations of Section 607.0505. Fi	authorized by the corpora	tion's board of directors. I hereby acc	cept the appointment as r	registered
	igistered agent, or both, in the State in familiar with, and accept the obligi	of Florida. Such change was ations of, Section 607.0505, Fl	authorized by the corpora forida Statutes.	poration submits this statement for the tion's board of directors. I hereby acc	cept the appointment as r	registered
SIGNATURE	Signature, typed or printed name of registived ago	nal and title if applicable (NO	TE: Registered Agent signature requi	ired when reinstating)	DATE	
SIGNATURE	Superture Typed or printed name of registered age OF FICERS AN	trist and title if applicable (NO D DIRECTORS	TE: flegistered Agent signature requi		DATE FICERS AND DIRECTOR	S IN 12
SIGNATURE 12.	Superior typed or probled name of registered age OFFICERS AN	nal and title if applicable (NO	TE: Registered Agent signature requi	ired when reinstating)	DATE	S IN 12
SIGNATURE 12. II'LE VAME	OFFICERS AN DP LEV, SHAY M	trist and title if applicable (NO D DIRECTORS	TE: Registered Agent signature requi	ired when reinstating)	DATE FICERS AND DIRECTOR	S IN 12
SIGNATURE 12. ILLE NAME STREET ADDRESS	OFFICERS AN DP LEV, SHAY M 4133 NW 88 AVE., 201	trist and title if applicable (NO D DIRECTORS	13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating)	DATE FICERS AND DIRECTOR	S IN 12
SIGNATURE 12. ILLE VAME STREEL ADDRESS CITY-SE-719	OFFICERS AN OFFICERS AN DP LEV, SHAY M 4133 NW 88 AVE., 201 CORAL SPRINGS FL 33065	not and title if applicable (NO D DIRECTORS	TE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating)	DATE FICERS AND DIRECTOR: Change	S IN 12 Addition
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ALYSON LESSENLEY 4-10-97