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 # P92000011034 (5)

DARRELL L. DOWNS, PHD. P.A.

Principal Place of Business Mailing Address 4960 SW 72ND AVENUE 4960 SW 72ND AVENUE SUITE 301 MIAMI FL 33155 MIAMI FL 33155-5549 US					
US		UU		 Date Incorporated or Qualified 12/11/1992 	3a. Date of Last Report 04/18/1996
-	lace of Business	2a. Mailing Address	-,	4. FE) Number 65-0373252	Applied For
Suite, Apt.	#, etc.	Suite Apt. #, etc.			Not Applicable \$8.75 Additional
22		27	/	5. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199,032,
24	25 9, Name and Address of Curr	29	[30]	Florida Statutes 10. Name and Address of New Reg	Yes No
DOV	WNS, DARRELL L	eur negisteren Agent	81 Name	10. Name and Address of New He	Jistereu Agent
5720 S.W. 64TH PLACE			82 Street Ad	ddress (P.O. Box Number is Not Acceptab	(0)
MIAI	MI FL 33134			adiess (F.O. Dox (varioe) is two Aedepters	
			83		
			84 City		FL 85 Zip Code
agent. I a SIGNATURE	Im familiar with, and accept the oblingative typed or protect care of regulated		Orida Statules. If Registered Agent signature re 13.	equired when rejustating) ADDITIONS/CHANGES TO OFFIC	DATE.
TITLE	DPS OFFICE NO. 2	DELETE	1.1 117LE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	DOWNS, DARRELL L		1.2 NAME		
STREET ADDRESS	5720 SW 64TH PLACE		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143	DELFIE	1.4 CITY - \$1 - ZIF		Change
TITLE NAME		ריי חדונוני	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
City+S1-ZIP			2 4 CHY-S1-ZIP		
TITLE		☐ DELE1E	311016	· .	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE		DELFTE	3.4 CHY+S1-7IP 4.1 THE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C/TY-ST-7/P		
TITLE		DELETE	5.1 10TLE		Change Addition
NAME OTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-S1-ZIP 6.1 TIPLE		Change Addition
NAME			6.2 NAME		<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS		

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of this corporation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of the page of our an affective point with an address.

SIGNATURE: X

Denist +

5-21-97

3e5 DS4.1559

FILED

Jun 03 1997 8:00am

Secretary of State