## 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

## DOCUMENT # P92000013635 (7)

CORAL I	AKE V, INC.  By of Business Mailing Address		
3300 UNIVERSIT SUITE 412 CORAL SPRING	TY DR 3300 UNIVERSITY DR SUITE 412	909	B. Data Incorporated or Qualified . To Data of Lost Decord
			3. Date Incorporated or Qualified 12/23/1992 3a, Date of Last Report 02/19/1996
2. Principal Pi	lace of Business 2a. Mailing Address		4. FEI Number Applied For
21 22		des Boac	65-0383489   Not Applicab
—~ ુગ	#, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc.	E	5. Certificate of Status Desired Service Servi
City & State		<u> </u>	6. Election Campaign Financing \$5.00 May Be
23 12000	a Moton, -91. 28 Boca hata		Trust Fund Contribution Added to Fees
Zip	U2 Country Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24 <b>3</b> 9	25 29 33434 30 30 9, Name and Address of Current Registered Agent	<u> </u>	Florida Statutes Yes No
	SI, ISAAC	81 Name	
	SUNIVERSITY OR	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
	<del>E 412</del> -	1000	west Cypress Creek Proce
	E-FL 33328	83	te 200
		84 City	B5 Zip Code
	007.0000	」 プト	Lauderdale FL 33300
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered			
	m familiar with, and accept the obligations of, Section 607.0505, Florid	da Statutes.	210197
SIGNATURE	Signature Typed or printed seme of legislered agent and title if applicable. (NOTE: H	legistered Agent signature rei	equired when reinstating) DATE.
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE	D DELETE	1.1 TITLE	Change Addition
NAME	KODSI, JOSEPH	1.2 NAME	2055 Glodes Prood Suite 301E
STREET ADDRESS	3300 UNIVERSITY DR SUITE 412	1.3 STREET ADDRESS	and and a
CITY - ST - ZIP	CORAL SPRINGS FL 33065	1.4 CHTY - ST - ZIP	Pocca Praton, H. 33/31 Change Addition
TITLE	L DECERE	2.1 1111.0	Cripinge Addition
NAME .		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DELETE	2. 4 CITY-ST-ZIP 3 1 TITLE	Change Addition
NAME	- 2001	3.2 NAME	
\$1REET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST - ZIP	
TITLE	DELETE	4.1 TITL€	☐ Change ☐ Addition
NAME		4. 2 NAME .	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4,4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME	•	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP	T DELETE	5.4 CITY - ST - ZIP	Change Additi
TIFLE	[_] DELETE	6.1 TITLE	Change Addulin
NAME CERTIFICATIONS OF		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	by certify that the information supplied with this filing does not qualify t	6.4 CITY - ST - ZIP for the exemption stat	ated in Section 119.07(3)(i). Florida Statutes I further certify that the

14. I do nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted; or an attachment with an address.

2/12/19

**FILED** 

Feb 18 1997 8:00am

Secretary of State