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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300003845 (3)

JACOB J. LINHART, P.A.

FILED Apr 16 1997 8:00am Secretary of State

Princ pal Place of Business Ingraham Building, Suite 4 25 S.E. SECOND AVENUE MIAMI FL 33131 US	Mailing Address INGRAHAM BUILDING, BUITE 487 25-S.E. BECOND AVENUE MIAMI-FL 83131-1308-			3. Date incorporated or Qualified 3a. Date of Last Report 01/11/1993					
2. Principal Place of Busines	S	2a. Mailing Address	NCE GI	AS	SMAJ CA	FEI Number	1 0 110		plied For
21		26				65-0383040			t Applicable
State, Apt. #, etc.		Suite, Apt. #, etc. 27 /2000 BIS CA	YNE E	<i>su</i>	10-515 Y	FEI Number 65-0383040 5, Certificate of Status Desired		\$8.75 A	
City & State	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	City & State  28 MIAMI				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip 25	Country	<sup>7/0</sup> 33181	30 C		5	8. This corporation has liability for Florida Statutes	ntangible Yes		199.032,
	d Address of Current			_	<del></del>	10. Name and Address of New Re	distered A	gent	
LINHART, JACOB	J			81	Name		<del></del>	<del></del>	
7060 W 3RD AVE	15 SE	2 PUR #4 FC 33131	27				1-2		
HIALEAH FL 3301	4 11	~ 33.01		82	Street Addre	ss (P.O. Box Number is Not Acceptab	He)		
***************************************	" Mami	FC 37131		83				·····	
	•								
•				84	City		FL	85 Zip (	Code
		1007.4500.57		Ш		ration submits this statement for the p			
office or registered agen agent. Lam familiar with, SIGNATURE	t or both, in the State c	f Florida. Such change wa ions of, Section 607.0505,	s authorize Florida Stat	d by utes	the corporation	on's board of directors. I hereby accep	of the appo	intment as	registered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE D		☐ DELETE	117/	TLE	·		1,00	Change	Addition
LIMITATOR	ACOB J	<u> </u>	1		Ì				
STREET ADDRESS 7050 WEST	SRD AVENUE 25	SE I WE 4	1351		ADDRESS				
CHY-SI-ZIP HALEAH FL	-33014 M	omi FL 3313	1.4 0						
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NAME			3 2 NA						
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NAME:			4. 2 N	AME					
STREET ADDRESS			4.3 \$1	REET	ADDRESS				

14. I do hereby certify that the information supplied with this filling 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 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 13 or Block 13 if changed or on an attachment with an address.

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CHY-51-77

STREET ADDRESS

STREET ACCURES.

C-1Y-S1 201

CETY - \$1 - 20

HILLE

NAME

1:1LF

NATURE AND YEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4/1/97

\*\*\*165.00

(305) 373-7969

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