## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT **1997** 

appears in Block 12 or Block 13



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 11 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300007412 (8)

18, INC.

9. Name and Address of Current Registered Agent  CIRULNICK, ESTHER 2666 N. UNIVERSITY DR. SUNRISE FL 33322  11. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607 0502 and 607, 1508. Florida Statutes the above-named corporation submits this statement for the provisions of Sections 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE THE PARKET ADDRESS  SIGNATURE  SIEGEL, PAMELA  12. NAME  SIEGEL, PAMELA  12. NAME  SIEGEL, PAMELA  12. NAME  SIEGEL, PAMELA  12. NAME  SIEGEL ADDRESS  SUNRISE FL 33322  14. CITY-ST-ZIP  DELETE  21 TITLE	3a. Date of Last Report 03/12/1996 Applied For Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees r intangible tak under s. 199.032, Yes No egistered Agent  able)  FL 85 Zip Code purpose of changing its registered purpose of changing its registered DATE
SUMRISE FL 33322 SUMRISE FL 33322-2433  3. Date Incorporated or Qualified O1/29/1993  2. Principal Place of Business 2. A. Mailing Address 2. Suite. Apt. #. etc. 2. Suite. Apt. #. etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Suite Agent & Trust Fund Contribution 2. Principal Place of Status Desired 3. Date Incorporated or Qualified O1/29/1993  5. Certificate of Status Desired 6. Election Campaign Finencing Trust Fund Contribution 7. Principal Statutes 7. Name and Address of Current Registered Agent 7. Name and Address of New Re 7. CIPULNICK, ESTHER 2666 N. UNIVERSITY DR. SUNRISE FL 33322  8. Sircert Address (P.O. Box Number is Not Acceptated Such change was authorized by the corporation's submits this statement for the profice or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby acceptance of the obligations of, Section 607 605, Florida Statutes.  SIGNATURE 7. CFECHIS AND DIRECTORS 8. 13. ADDITIONS/CHANGES TO OFFICE MAINS SIRRET ADDRESS 14. CREY ST. ZIP 11. TITLE 12. OFFICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE MAINS SURFER ADDRESS 14. CREY ST. ZIP 14. CRY ST. ZIP 16. CRY ST. ZIP 16. CRY ST. ZIP 17. CLY ST. ZIP 18. CRY ST. ZIP 18. CRY ST. ZIP 19. COUNTY ST. ZIP 19. C	Applied For Not Applied For Not Applicate Ser. 75 Additional Fee Required  \$5.00 May Be Added to Fees rintangible tak under s. 199.032, No egistered Agent    State
2. Principal Place of Business 2. Mailing Address 3. Fit Number 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Fet Number 3. Suite, Apt. #, etc. 5. Certificate of Status Desired 3. City & State 3. Country 4. Fet Number 4. Fet Number 5. Certificate of Status Desired 6. Election Campaign Financing 7 Trust Fund Contribution 7 Trust Fund Contribution 7 Trust Fund Contribution 8. This corporation has liability for Florida Status 9. Name and Address of Current Registered Agent 10. Name and Address of New Re CIRULNICK, ESTHER 2868 N. UNIVERSITY DR. SUNRISE FL 33322  83  84  City  85  Street Address (P.O. Box Number is Not Acceptate 85  Street Address (P.O. Box Number is Not Acceptate 86  Street Address (P.O. Box Number is Not Acceptate 87  Street Address (P.O. Box Number is Not Acceptate 88  Signature figure to person acrost of section 607 0505, Florida Statules. 86  SIGNATURE 87  Species typication person acrost of section 607 0505, Florida Statules. 87  SIGNATURE 88  SIGGEL, PAMELA 1280 NW 29TH ST. 80  SUNRISE FL 33322  DELETE 21 TITLE  11 TITLE  12 TITLE  11 TITLE  12 TITLE	Applied For Not Applied For Not Applicate Ser. 75 Additional Fee Required  \$5.00 May Be Added to Fees rintangible tak under s. 199.032, No egistered Agent    State
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City & State  Zip Country B. This corporation has liability for Florida Statutes  In Name and Address of New Re  CIRULNICK, ESTHER Z866 N. UNIVERSITY DR. SUNRISE FL 33322  11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the profice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent I am familian with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICEHS AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICE  INTEL  P SIEGEL, PAMELA 1286 NW 29TH ST. 13 STREET ADDRESS 1260 NW 29TH ST. 13 STREET ADDRESS SUNRISE FL 33322  114 City-ST-ZIP  INC.  VP DELETE 21 TITLE	\$5.00 May Be Added to Fees r intangible tak under s. 199.032, Yes No egistered Agent  Able  BL 85 Zip Code purpose of changing its registered put the appointment as registered
28	Added to Fees r intangible tak under s. 199.032, No egistered Agent  able)    FL   85   Zip Code   purpose of changing its registered purpose of changing its registered purpose of changing its registered purpose.
24 25 29 30 Florida Statutes   9. Name and Address of Current Registered Agent  10. Name and Address of New Re  CIRULNICK, ESTHER 2666 N. UNIVERSITY DR. SUNRISE FL 33322  82 Street Address (P.O. Box Number is Not Acceptate SunRise FL 33322  83 84 City  11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the provision of the provision of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the provision of the provision of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the provision of the provision of Sections 607 0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of the provision of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of the provision of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of the provision of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the provision for the provision of Section 607.0505, Florida Statutes, the above-named corporation sub	Yes No egistered Agent  able)    FL   85   Zip Code
9. Name and Address of Current Registered Agent  CIRULNICK, ESTHER 2666 N. UNIVERSITY DR. SUNRISE FL 33322  81  City  11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the provisions of sections 607 0502 and 607.1508. Florida Statutes the above-named corporation submits this statement for the provisions of sections 607 0505. Florida Statutes.  SIGNATURE  Signature typical or priests name of ingistered agent and title 4 applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICEHS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE TO SIEGEL, PAMELA  11 TITLE  NAME  SIEGEL, PAMELA  12260 NW 29TH ST.  SUNRISE FL 33322  14 CITY-ST-ZIP  DELETE  21 TITLE	egistered Agent  able)    FL   85   Zip Code
CIRULNICK, ESTHER 2866 N. UNIVERSITY DR. SUNRISE FL 33322  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the profice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signatur, based or practice pages and title in applicable. (NOTE Registered Agent signature required when reinstaling)  12. OFFICERS AND DIRECTORS 11. P  DELETE 11 TITLE  NAME SIRGEL, PAMELA 12260 NW 29TH ST. 13. STREET ADDRESS CKY-ST-76P SUNRISE FL 33322 14 CITY-ST-ZIP  DELETE 21 TITLE	FL 85 Zip Code purpose of changing its registered parte
2686 N. UNIVERSITY DR. SUNRISE FL 33322  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the police or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  September to perform name of impostered agent and trile if applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE 11 TITLE  NAME  SIEGEL, PAMELA  12260 NW 29TH ST.  SUNRISE FL 33322  DELETE  11 TITLE  12 TITLE  DELETE  21 TITLE	PL 85 Zip Code purpose of changing its registered put the appointment as registered
SUNRISE FL 33322  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the profile or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typicator printed name of trigistered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling)  12. OFFICERS AND DIRECTORS  III.F  P  DELETE  11 TIFLE  NAME  SIEGEL, PAMELA  12260 NW 29TH ST.  13 STREET ADDRESS  CITY-ST-ZIP  III.F  VP  DELETE  21 TITLE  DELETE  21 TITLE	PL 85 Zip Code purpose of changing its registered put the appointment as registered
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11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the profice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bytestics prince and of ingestered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE INTIME  NAME  SIEGEL, PAMELA  12 NAME  12260 NW 29TH ST.  13 STREET ADDRESS  CITY-ST-2P  INTER  VP	purpose of changing its registered pt the appointment as registered
SIGNATURE   Signature reprinted parties of trigistered agents and title if applicable.	purpose of changing its registere opt the appointment as registered
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Signature   Sign	DATE
Signature   Indicate	
12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICE           THLE         P	CEDS AND DIDECTORS IN 10
NAME         SIEGEL, PAMELA         12 NAME           STREET ADDRESS         12260 NW 29TH ST.         13 STREET ADDRESS           CITY-ST-70*         SUNRISE FL 33322         14 CITY-ST-ZIP           THEF         VP         DELETE         21 TITLE	OFUS WIND DIVERTIONS IN 15
1260 NW 29TH ST.   13 STREET ADDRESS   14 CITY - ST - ZIP	Change Addition
CUTY-SE-709         SUNRISE FL 33322         14 CITY-ST-ZIP           THEE         VP         DELETE         21 TITLE	•
THILE VP DELETE 21 TITLE	
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NAME CIRULNICK, ESTHER 22 NAME	
STREET ADDRESS 10611 NW 28TH ST. 23 STREET ADDRESS	
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THE DELETE 31 TITLE	☐ Change ☐ Addıtii
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CITY ST-76P 44 CITY-ST-ZIP TITLE 51 TITLE	☐ Change ☐ Addition
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TILE DELETE 61 TITLE	Change Addition
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STREET ADDRESS 6.3 STREET ADDRESS	
C/TY-SI-74*	
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 Statute information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal and an officer or director of the compration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute.	