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 # P93000019480 (1)

FILED May 12 1997 8:00am Secretary of State

3. Date Incorporated or Qualified Q3/10/1993 Q8/23/1996 2. Principal Place of Business 2. Mailing Address 2. Firiting Address 2. Firiting Address 3. Date Incorporated or Qualified Q8/23/1996 4. FEI Number NOT APPLICABLE Not Applied For NOT APPLICABLE Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required 7. Trust Fund Contribution Address of Current Registered Agent 7. Trust Fund Contribution Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes SNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82. Street Address (P.O. Box Number is Not Acceptable) 83. Address of Description of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of fine 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 agent. StiGNATURE	
2. Principal Place of Business 2. Mailing Address 3. Certificate of Status Desired 3. This corporation has liability for Intangible tax under s. 199.032 4. FEI Number 4. FEI Number 5. Certificate of Status Desired 6. Election Cempaign Financing 7. This corporation has liability for Intangible tax under s. 199.032 7. Fiorida Statutes 7. Cerumty 7. FEI Number 7. Cerumty 7. FEI Number 7. Cerumty 8. This corporation has liability for Intangible tax under s. 199.032 7. Fiorida Statutes 7. Cerumty 8. Th	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	
City & State Country Country Exp Country S. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Pea Hequired S. Election Campaign Financing Trust Fund Contribution Country S. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Pea Hequired S. Election Campaign Financing Trust Fund Contribution Country S. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Florida Statutes Pea Hequired S. Election Campaign Financing Trust Fund Contribution S. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Florida Statutes Name CAPOZZI, J. V. 10300 NORTHWEST 18TH PEMBROKE PINES FL 33026 Street Address (P.O. Box Number is Not Acceptable) FL Street Address (P.O. Box Number is Not Acceptable) FL Street Address (P.O. Box Number is Not Acceptable) FL Street Address of Poor Registered Agent of the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATLIEF	
23	
Country Zip Country Zip Country Signal	- 1
Q. Name and Address of Current Registered Agent CAPOZZI, J. V. 10300 NORTHWEST 18TH PEMBROKE PINES FL 33026 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 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 register 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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE	
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SIGNATURE	==
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Signature, lythid or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating] OATE	_
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u> </u>
TITLE P DELETE 1.1 TITLE Change Addit	ion g
NAME CAPOZZI, JOHN V. 1.2 NAME STREET ADDRESS 10300 NORTHWEST 18TH PLACE 1.3 STREET ADDRESS	3
CITY-SI-ZIP PEMBROKE PINES FL 1.4 CITY-ST-ZIP	Š
TrILF VPS DELETE 21 TITLE Change Addit	ion C
NAME CAPOZZI, MICHAEL J. 22 NAME	
STREET ADDRESS 10300 NORTHWEST 18TH PLACE 2.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 2.4 CITY-ST-ZIP	ion
TITLE DELETE 3.1 TITLE Change Addit	NOR
STREEL ADDRESS 3.3 STREET ADDRESS	
3.4 CITY-S1-ZIP	. 1
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NAME 4.2 NAME	
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NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY - ST - ZIP 5.4 CITY - ST - ZIP	
TITLE DELETE 6.1 TITLE Change Addit	ion
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	I
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 exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the sema logal effect as if made under certify that the sema logal effect as if made under certify that the sema logal effect as if made under certify that the sema logal effect as if made under certify that the sema logal effect as if made under certify that the sema logal effect as if made under certify that the sema logal effect as if made under certification in the sema logal effect as if made under certification in the semantic certification in the s	1

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 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 the need, or on an attachment with an address.

SIGNATURE

1 JOHN Y CAPORE

4/25/97 954 431639

PTKFRE #