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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P93000031781 (6)

## FILED Mar 25 1997 8:00am Secretary of State

Principal Plai 700 COOUIN. BOCA RATOR		Mailing Address 700 COQUINA WAY BOCA RATON FL 33432-30	N1			
				3. Date Incorporated or Qualified 04/29/1993	3n. Date of Last 01/29/1996	
2. Principal I	Place of Business	2a. Mailing Address		4, FEI Number	<del> </del>	Applied For
		26		65-0407791		Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
Chu & Ch	ato.	City & State				Required
City & Sta	rte:	28		6. Election Campaign Financing		0 May Be d to Fees
I Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for		
]	25	<del></del>	30	Florida Statutes	Yes No	J. 100.00E,
	g. Name and Address of Curre			10. Name and Address of New Re	gistered Agent	
70	AGAN, ARNOLD H O COQUINA WAY OCA RATON FL/33432	<u> </u>	81 Name: 82 Street A 83	STAMFORD FUNDING C/O J. LEVY 476 CAMERON DRIVE FT. LAUDERDALE, FLOR 33326	IDA	
OHICE OF	registeged algerit, or bour, in the stat					
GNATURE	Signature, typical or printing amount trigget de Ser OFFICERS AN	Mainton	rida Statutes.  Registered Agent signature requ	recration submits this statement for the ation's board of directors. I hereby accelurate when reinstating.  ADDITIONS/CHANGES TO OFFI	DATE	
IGNATURE	Signature, typied or production of topical state of OFFICE.RS AP	gent and title if applicable (NOTE	: Registered Agent signature requ	ulrad when reinstating)	DATE	ORS IN 12
IGNATURE 2. 11.6	Signature, typed or production of the CERS AP  PS  WILLIAMSON, DOROTHY	gent and title if applicable (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ulrad when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
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1 do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(1) Fronda Statutes. Further certify that they 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 eath; the Lam 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 12/7 charged, or on an attachment with an address.

**SIGNATURE** 

SIGNATURE AND THE OFFINITED NAME OF SIGNING OFFICER OR DIRECTOR

71v-194-4664 Daytime Phone #

AC FINNE P