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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 19 1997 8:00am

Secretary of State

## DOCUMENT # P93000038161 (4)

Principal Place of Business Mailing Address  4611 SO. UNIVERSITY DR.  SUITE 223 DAVIE FL 33328 US  LS  LS  LS  LS  LS  LS  LS  LS  LS				
US	08		3. Date Incorporated or Qualified 05/27/1993	3a. Date of Last Report 10/09/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0425329	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	28 Zip	Country	This corporation has liability for	
24 25	29	30		Yes No
9. Name and Address of Curren			10. Name and Address of New R	egistered Agent
4611 SO. UNIVERSITY DR. SUITE 2: SUITE 704 DAVIE FL 33328	20	82 Street Add 83 Situation   84 City	dress (P.O. Box Number is Not Accepta	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida S	statules, the above-named con	rporation submits this statement for the	purpose of changing its registered
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familier with, and accept the obligit SIGNATURE    Signature, typed or printed name of registered agent 12.	ations of, Section 607.050	5, Florida Statutes. (NOTL Registered Agent signature requ	uired when reinsteting)	DATE
agent. I am familiar with, and accept the obligation	ations of, Section 607.050	5, Florida Statutes.  (NOTE Registered Agent signature requirements).		DATE
agent. I am familiar with, and accept the obligation of the control of the contro	ations of, Section 607.0509 ont and title if applicable. D DIRE CTORS	5, Florida Statutes.  (NOTE Registered Agent signature requirements).	uired when reinsteting)	DATE CERS AND DIRECTORS IN 12
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