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

| <u> </u> | 1997 | N. A. S. | DIVISION OF C | CORPORA | 411L |)NS | | | | |
|---|--|--|---|--------------------|----------|-------------------|---|----------------|--|------------------|
| | MENT # P9300 CED CREDIT CONTROL, I | | 3 (1) | | | | | | | |
| | | | | | | | | | | |
| Principal Plac | e of Business | Mailing Ac | Idress | | | | | | | .) |
| 1210 S. FEDERAL HWY. 1210 S. FEDERAL HWY. | | | | | | | } | | | |
| SUITE 102 | | SUITE 102 | | | | | 1 | | | |
| BOYNTON BEA | ACH FL 33435 | BOYNTON | BEACH FL 334 | 35-6044 | | | 6.1 | 1. 6. | | |
| | | | | | | | 3. Date Incorporated or Qualified 07/08/1993 | | e of Last R 4/1996 | eport |
| | lace of Business | 2a. Mailing | Address | | _ | | 4. FEI Number | 1 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | plied For |
| 21 | | 26 | | | | | 14-1741667 | | No | t Applicable |
| Suite, Apt | #, etc. | Suite, A | Apt. #, etc. | | | | 5, Certificate of Status Desired | | \$8.75 / Fee Re | |
| City & Stat | le | City 8 | Stato | | | | 6. Election Campaign Financing | | \$5.00 | |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added 1 | |
| Zip | Country | Zip | | Coul | ntry | | 8. This corporation has liability for | | | . 199.032, |
| 24 | 25 | [29] | | 30 | | | | Yes [| | |
| | g. Name and Address of Curi | rent Hegistered A | geni | | 81 | Name | 10. Name and Address of New Re | gistered A | gent | |
| | DRON, STEVEN | | | i | _ | ING/II6 | | | | |
| 1210 S. FEDERAL HWY. SUITE 102 | | | | | 82 | Street Add | fress (P.O. Box Number is Not Acceptal | ole) | | |
| l | YNTON BEACH FL 33435 | | | } | 63 | | | · | | |
| BO. | INTON DEMONTE 33433 | | | į | | | | | | |
| | | | | [| 84 | City | | FL | 85 Zip (| Code |
| 11. Pursuani | to the provisions of Sections 607.0 | 0502 and 607.1508 | . Florida Statut | es, the ab | XVVE | -named cor | poration submits this statement for the | | L. L. changing It | s registered |
| office or r | registered agent, or both, in the Sta | ate of Florida, Such | change was a | authorized | d by | the corpora | poration submits this statement for the pation's board of directors. I hereby acception | pt the appo | intment as | registered |
| SIGNATURE | and another the op | angular is off cootile. | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | onda oran | D | | 1 | | | |
| Signatore | Signal are typed or printed name of registered | | le (NOT | E: Registered | Age | nt signature requ | aired when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | DOUGTE | 13. | | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | PVST DADDON STEVEN | | DELETE | 1.1 7/7 | | | | | Change | Addition |
| NAME | PADRON, STEVEN 1210 S. FEDERAL HWY. | | | 1.2 NA | | | | | | |
| STHEET ADDRESS | BOYNTON BEACH FL 3343 | 6 | | 1 | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | D | | DELETE | 1.4 CIT 2 1 TIT | | 1 - ZIP | | | Change | Addition |
| NAME | PADRON, STEVEN | | | 2.2 NA | | | | | mad Undings | tend - MC-11-011 |
| STREET ADDRESS | 1210 S. FEDERAL HWY. | | | | | ADDRESS | | | | |
| City-St-ZiP | BOYNTON BEACH FL 3343 | 5 | | 2. 4 CI | | 1 | | | | |
| Title | | | DELETE | 3.1 TIT | | | | | Change | Addition |
| NAME | | | | 32 NA | ME | | | , - | | |
| STREET ADDRESS | | | | 3.3 ST | reet | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 3.4. CI | TY- 5 | ST-ZIP | | | | |
| TIFLE | | | DELETE | 4.1 TiT | LE | 7 | | | Change | Addition |
| NAME | | | | 4.2 N | ME | | | | | |
| STREET ADDRESS | | | | 4.3 ST | REET | address | | | | |
| CITY ST-ZIF | | | | 4.4 CIT | | T-ZIP | | | | |
| TITLE | | | DELETE | 5.1 TIT | | | | ļ | Change | Addition |
| NAME | | | | 5.2 NA | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | DEJETE | 5.4 C/1 | | T-ZIP | | | 06 | Addition |
| TITLE | | | 1 1 1 1 1 1 2 2 3 1 3 4 | 6.1 717 | 1.5 | 1 | | | I I I nanga | I I AMMITIAN |

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 eath; that I am an officer or director of the corporation or the reporter 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 chapter 607 and flackment with an address

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS CHTY-ST-ZIP

STEVEN PADRON

4/29/97 56/7328880

FILED

May 07 1997 8:00am

Secretary of State