## 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 # P93000048178 (6)

Principal Place of Business Mailing Address 3411 INDIAN CREEK DRIVE 3411 INDIAN CREEK DRIVE SUITE 1403 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-4064						
					<ol> <li>Date Incorporated or Qualified 07/01/1993</li> </ol>	3a. Date of Last Report 05/01/1996
· ·	nace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			<del></del>	65-0428940	Not Applicable   \$8.75 Additional	
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be Added to Fees
<b>Z</b> ip	Zip Country Zip			у	Trust Fund Contribution  8. This corporation has liability for	
24	25	29	30		Florida Statutes	Yes No
	g, Name and Address of Curr	ent Registered Agent	B	I Name	10. Name and Address of New F	tegistered Agent
SINKOVITS, ANGELA 1251 TAYLOR LANE EXT. SUITE 6F LEHIGH ACRES FL 33936			8:	2 Street Add	ress (P.O. Box Number is Not Accept	able)
			8	4 City	The state of the s	FL 85 Zip Code
SIGNATURE	Signature typed or printed name of registered a				poration submits this statement for the tion's board of directors. I hereby accord when reinstating)  ADDITIONS/CHANGES TO OFF	DATE
12. Title	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF	Change Addition
NAME Street address City-St-Zip	GUENTHER, JOHN 3411 INDIAN CREEK DR. #1 MIAMI BEACH FL 33140		1.2 NAMI	ET ADDRESS		
THE		☐ DELETE	2.1 TITLE		······································	Change Addition
NAME			2.2 NAMI			
STREET ADDRESS				ET ADDRESS		
CITY-St-ZIP TITLE		DELETE.	2. 4 CITY 3.1 TITLE			Change Addition
NAME		— <del></del>	3.2 NAM			•
STREET ADDRESS			3.3 STRE	et address		
CITY: \$1-ZIP			3.4. CITY			
TITLE		L] DELETE	4.1 TITLE			Change Addition
NAME Grand Appropria			4. 2 NAM	ET ADDRESS		
STREET ADDRESS CITY-ST-ZiP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	:		
STREET ADURESS			5.3 STRE	ET ADDRESS		
CITY - ST - 7IP			5.4 CITY			
Title		☐ DELETE	61 TITLE	)		☐ Change ☐ Addition
NAME			6.2 NAMI	1 .		
STREET ADDRESS			6.3 STRE	ET ADDRESS		

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 changed, or on an attachment with an address. SIGNATURE:

**FILED** 

May 01 1997 8:00am

Secretary of State