## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000049427 (6)

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FILED 97 JUN 30 AM 8: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL-DOMAN II, INO.								IALLAHASSEL, I LOMBA					
Principal Plac	e of Business		Mailing	Address									
P.O. BOX 2011		•	P.O. BOX 2011										
HOLLYWOOD FL 33022 HOLLYWOOD FL 33022													
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								3. Date Incorpora 07/15/1993			e of Last F 11/1996	Report	
2, Principal P	lace of Business	26. Mailing Address				4. FEI Number		00/0		pplied For	{		
21		26	26				65-0430247 Not Applica				<del></del>	e	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				5. Certificate of S				Additional	7	
22		27	···				b. Cermicate of 5	latus Desireu	<u></u>	Fee R	equired		
City & Stat	e	_ <b>├</b> ¬ '	City & State				6. Election Camp	algn Financing	_	\$5.00	May Be		
Zip		28	Zip Country				Trust Fund Contribution					_	
24	25	Country	$\vdash$	29 30			. This corporation has itability to it			ptangible tax under s. 199 032, Yes DNo			
		Address of Curre		Agent	1301			10. Name and Ad					$\dashv$
SUR	KAR, MAZEN I					<b>B1</b> N	lame 👟			]	· • • • • • • • • • • • • • • • • • • •		$\dashv$
2432 HOLLYWOOD BLVD.						<b>62</b> S	<u> </u>		VEN 1	<u> </u>			_
HOLLYWOOD FL 33020				į t			17661 Addre <b>24</b> ろ。	ss (P.D. Box Numbe	or is Not Acceptable				
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						84 C					TT		_
							ul bert <sup>kii</sup>	loccus		FL	85 Zip	Code	
11. Pursuant	to the provisions	of Sections 607.050	2 and 607.15	08, Florida Statu	tes, the at	oove-na	med corpe	ration submits this s on's board of director	talement for the p	urpose of	changing i	ts registered	<b>引</b>
agent la	egistered agent, o m familiar with, ar	or both, in the State nd accept the oblig	ations of, Sec	uch change was stion 607.0505, Fl	authorized Iorida Stat	d by thi utes.	e corporatio	on's board of director	rs. I hereby accep	ol the appo	intment as	registered	
SIGNATURE													
	Signature, typed or prin	led name of registered age				d Agent si	gnature required	d when reinstating)		DATE			
12, TITLE	D	OFFICERS AN	D DIRECTOR	DELETE	13.	11.6		ADDITIONS/CH/	ANGES TO OFFIC	ERS AND	DIRECTOR Change		_ 8
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CITY-ST-ZIP					64 CI1	Y-ST-ZI			W/				

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 of 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 atjachment with an address.