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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000049658 (6)

FILED May 08 1997 8:00am Secretary of State

	e of Business	Mailing Address 3730 COCONUT CREEK							
STE B COCONUT CRI US	3066-1639	-	3. Date Incorporated or Quali						
					07/09/1993		02/0	8/1996	
···1	Place of Business 71 Sw 7th Place	2a. Mailing Address 26 5 5 71 5	υ 7 E β	love	4. FEI Number			1 1 - 1 - 1	oplied For
21 <u>5</u> 5 — Suite, Apt.		Suite, Apt. #, etc.		IN VE	65-0423772				ot Applicable Additional
		27		}	5. Certificate of Sta	tus Desired			rounionai equired
City & Stat	rgate FL	City & State 28 Mary u h	FL		6. Election Campai Trust Fund Contr		П		May Be to Fees
Zip	Country	.] Zip V	Country		8. This corporation		ntangible t		
24 3300		29 33068	30 Brown		Florida Statutes	X	Yes [No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Add	ess of New Rec	ristered A	gent	
	rson, timothy J		81 Na	me .					
	O COCONUT CREEK PKWY		82 Str		ss (P.O. Box Number	s Not Acceptebl	 a)		
CO(CONUT CREEK FL 33066		83	557	1 SW 7	<u> </u>	م دف		~
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11. Fursjani	to the provisions of Sections 607.05	uz and 607. ISOB, Fiorida Sta	tutes, the above-har		ration sudmits inis sta	tement for the p	urpose or	changing i	ts registered registered
office or a	registered agent, or both in the Stati	e of Florida. Such change wa	s authorized by the	corporation	n's board of directors	. I hereby accep	טאלאים פווז זי	intment as	
office or a agent. I a	to the provisions of Sections 607.05 registered agent, or both in the Statum familiar with, and accept the oblig	e of Florida. Such change wa gations of, Section 607.0505,	s authorized by the Florida Statutes	corporation	n's board of directors	. I hereby accep	i ine appo	intment as	
office or a agent. La SIGNATURE			. 1		·	. I hereby accep		intment as	
SIGNATURE	Signature, typed or persed came of registered ag		s authorized by the Florida Statutes. OTE: Registered Agent sign		when reinstating)		DATE		·
	Signature, typed or persed came of registered ag	gent and title if applicable (N	OTE: Registered Agent sig		·		DATE		·
SIGNATURE	Signature, Ispend or present name of sugestiminal operations of PDO	gent and title d'arceloable (N ND DIRECTORS	i OTE: Registered Agent sig 13.		when reinstating)		DATE	DIRECTO	RS IN 12
SIGNATURE 12. IIILE	Signature, typed or praited name of registered ago OFFICERS AN	gent and title d'arceloable (N ND DIRECTORS	OTE: Registered Agent sign 13. 1:1 TITLE	nature required	when reinstating)		DATE	DIRECTO	RS IN 12
SIGNATURE 12. IIILE NAME	Signature, typed or presed name at sugestered as OFFICERS AN PO NERSON, TIMOTHY 5571 SW 7TH PLACE	gent and title d'arceloable (N ND DIRECTORS	OTE: Registered Agent signal 13. 1:1 TITLE 1:2 NAME	nature required	when reinstating)		DATE	DIRECTO	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	Signature, typed or presed name at sugestered as OFFICERS AN PD MERSON, TIMOTHY	gent and title d'arceloable (N ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AODR	nature required	when reinstating)		DATE	DIRECTO	RS IN 12
SIGNATURE 12. HILE NAME STREET ADDRESS CITY-SI_ZIP	Signature, typed or present name of registered as OFFICERS AN PO MERSON, TIMOTHY 5571 SW 7TH PLACE MARGATE FL 33068	gent and title II arc-leable (N ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AODR	nature required	when reinstating)		DATE	DIRECTOR Change	RS IN 12
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/ 30/97

(954)972-5823