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

CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Jul 16 1997 8:00am

Secretary of State

P93000059127 (9) DOCUMENT #

Principal Place of Business Mailing Address 8350 N. ANDREWS AVE. SUITE 100 FT LAUDERDALE FL 33309 Principal Place of Business Mailing Address 8350 N. ANDREWS AVE. SUITE 100 FT LAUDERDALE FL 33309-2130							
					 Date Incorporated or Qualified 08/24/1993 	3a. Date of Last R 04/29/1996	eport
2. Principal P	Place of Business	2a. Mailing Add	oss		4. FEI Number 65-0431447	Ap	pplied For
Suite, Apt. #, etc. Suite, Apt. #			etc.		Certificate of Status Desired	\$8.75 A	
City & State City &			y & State		6. Election Campaign Financing	\$5.00	
23 Zip	Country	28			Trust Fund Contribution	Added t	to Fees
24	Country 25	Ζ(p)	30	Country		Yes No	. 199.032,
05	9. Name and Address of Curren	I Registered Agent		81 Name	10. Name and Address of New Re	egistered Agent	
635 SUI	RRITS, ANDREW T 10 N. ANDREWS AVE. TE 100 LAUDERDALE FL 33309				dress (P.O. Box Number is Not Accepta	ble)	
				84 City		FL 85 Zip (Code
SIGNATURE	Signature, typed or printed name of registered agor	nt and title if applicable DIRECTORS	(NOT) : Regis	Statutes. terod Agent signature required.	rporation submits this statement for the ation's board of directors. I hereby account of the properties of the propertie	DA1£.	
NAME STREET ADDRESS CITY-ST-ZIP	DP VAN METER, RANDALL V. 3841 NE 23RD AVE. LIGHTHOUSE POINT FL	[] Di	1,	.1 THILE .2 NAME .3 STREET ADDRESS .4 CITY - ST - ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Di	2.	1 TIFLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-7IP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DI	1.ETE 3 3 3 3	1 TITLE 2 NAME 3 STREET ADDRESS 4. CITY-ST-ZIP		.d ६ ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dá	LETE 4. 4. 4.	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DE	LETE 5. 5. 5.	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS		DF	t ETE 6.	1 TITLE 2 NAME 3 SIREET ADDRESS		Change	Addition

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 eath, 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.

6.4 CITY - \$1-2IP