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 # PORODOSOROR (A)

Mailing Address
1250 NW 133 AVE SUNRISE FL 33323-2959
28. Mailing Address
Suite, Apt. #, etc.

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business 1250 NW 133 AVE SUNRISE FL 33323		1250 NW 133 A	Mailing Address 1250 NW 133 AVE SUNRISE FL 33323-2959						
						3. Date Incorporated or Qualified 08/24/1993	3a. Dat	e of Last F 0/1996	Report
	lace of Business	2a. Mailing Ad	dress			4. FEI Number	·	A	pplied For
21		26							ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional equired
City & State	e	City & State)			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zìp	Country	Zipi		Country	•	8. This corporation has liability for in			. 199.032,
24	25	29	30				Yes [
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Reg	istered A	gent	
	ZER, ROBERT W			81	Name				
1030 S26	00 S W 72 ST 5			82	Street Add	fress (P.O. Box Number is Not Acceptabl	e)		
MIAI	MI FL 33173			83					
				84	City		FL	85 Zip	Code
office or r	to the provisions of Soctions 607 egistered agent, or both, in the S m familiar with, and accept the c	State of Florida. Such cha	inge was autho	orized by	the corpora	poration submits this statement for the pation's board of directors. I hereby accep	rpose of	changing i	ts registered registered
SIGNATURE	Signature, typed or printed name of registers	net maket and tills of area makeli	/NOIf: Gas	riekund And	on) nigonil no regu	uired when reinstaling)	DATE		
12.		S AND DIRECTORS		13.	ant signature requ	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	3S IN 12
TITLE	D		DELETE	1.1 THLE	T			Change	Addition
NAME	CHAPKIN, JEFF	_	l l	1.2 NAME				_	_
STREET ADDRESS	1250 NW 133 AVE			1.3 STREET	ADDRESS				
CITY-ST-ZIP	SUNRISE FL 33323			1.4 CITY - S					
TITLE			DELETE	21 11118		·		Change	Addition
NAME			ľ	2.2 NAME					
STREET ADDRESS				2.3 \$1REE1	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-5	1				
TITLE				3.1 TITLE				Change	Addition
NAME			1	3.2 NAME				-	
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY - 9					
TITLE				4.1 TITLE				Change	Addition
NAME				4. 2 NAME				-	
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY - S					
TITLE			DELETÉ	5.1 TITLE				Change	Addition
NAME				5.2 NAME				*	
STREET ADDRESS				5.3 \$1REE1	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S					
TITLE				6.1 TITLE				Change	Addition
NAME	**			6.2 NAME			•		
STREET ADDRESS) !			6.3 STREET	ADDRESS				
' '	1								
CITY-ST-ZIP				6.4 CITY - S	1 · ZIr				

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 on the information with an address.