## 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 # P93000061449 (3)

FILED						
Apr 03 1997 8:00am						
Secretary of State						

		Mailing Address 1951 SW 75TH AVE PLANTATION FL 33317-494 US	4		
				3. Date Incorporated or Qualified 08/27/1993	3a. Date of Last Report 03/29/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Windmill Parm Av		Il Paum Ave	<b>65-0444628</b>	Not Applicable
Suite, Apt.	. #, €[G	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Star		City & State		6. Election Campaign Financing	\$5.00 May Be
	TATION, FL	28 PLANTATIO	···	Trust Fund Contribution	Added to Fees
24 333.	24 Country SA	7 33324	Country 30	This corporation has fiability for Elorida Statutes	intangible tax under s. 199.032,  Yes No
24 333	9. Name and Address of Cu		30 0000	10. Name and Address of New Re	
SQ	UIRE, STEVEN F		B1 Name		- · · · · · · · · · · · · · · · · · · ·
500 NE THIRD AVE			82 Street Ac	ddress (P.O. Box Number is Not Acceptate	ole)
FT	LAUDERDALE FL 33301		83		
			63		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statut	es, the above-named o	orporation submits this statement for the p	purpose of changing its registered
office or	registered agent, or <b>both, in the</b> S	State of Florida. Such change was a obligations of, Section 607.0505, Flo	authorized by the corpo	ration's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,				1
[	Signature, typed or partiro name of registers		E Registered Agent signature re		DATE
12.	OFFICERS	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Parange Addition of Change Addit
NAME	ZEIDWIG, CAROL	D ottain	1.2 NAME		2 4 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS	1951 SW 75TH AVE		1.3 STREET ADDRESS	304 WINDMILL PALM	Ave S
CHTY: ST-ZIF:	PLANTATION FL		1.4 CHTY - ST - ZIP	BOY WINDMILL PALM PLANTATION, FL 3	3324
TIFLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
DITY-S1-ZIP		☐ DELE1E	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-769			3.4. CITY-ST-ZIP		
Tille	}	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CHTY+S1+ZII THTLE		DELETE .	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME		<del></del>	5.2 NAME		
SYREET ADDRESS			5.3 STREET ADDRESS		
C/TY+ST-ZIP			5.4 CITY-\$T-ZIP		
1171.6		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAM{	{		6.2 NAME		}
STREET ADORESS	1		6.3 STREET ADDRESS		
City St Zir	1		64 CITY-ST-ZIP	· ·	\ \

14. I do hereby ccrlify 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:

SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-97

Daytime Phone # 0278182