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 FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS

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	1997	DIVISION OF CO	PORATIONS		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	i j	\sim \circ		
DOCUI 1. Corporation PONNES	Hame	062319 (7)							
Principal Place	e of Business	Mailing Address			10031001 150 1010E 11111 00HH 06114 00	IN DALLA AIND INDA		LIPIN 1881	
3130 N. PINE ISLAND RD. 3130 N. PINE ISLAND RD. SUNRISE FL 33351 SUNRISE FL 33351-7333									
					3. Date Incorporated or Qualified 08/31/1993	3a. Date of 04/09/		eport	
2. Principal Pl	6 NW 44 Pl.	2a. Mailing Address	84 Pl.		4. FEI Number 65-0431461		_	plied For It Applicable	
Suite, Act	# etc.	Suite, Apt. #, etc.	-3 1		5. Certificate of Status Desired	□ \$	8.75 / Fee Re	Additional	
City & State	inice ci	City & State	F G1-		6. Election Campaign Financing			May Be	
23 <u>~ U (</u>	Capantry	28 SUNKI 30		1.1	Trust Fund Contribution 8. This corporation has liability for		Added t		
24 222d	25 Drowland	29 55522 3	35rowa		Florida Statutes	Yes N	0		
·	9. Name and Address of Current I	Registered Agent			10. Name and Address of New R	egistered Ager	nt		
STERN, NANCY A									
3130 N. PINE ISLAND RD. SUNRISE FL 33351 B2 Street				Addres	ddress (P.O. Box Number is Not Acceptable)				
SUMMOE I E SSSST			83			<u> </u>			
			84 City		····	85	Zip (ode -	
						FL)	L		
11. Pursuant to office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607,1508, Florida Statutes, f Florida. Such change was aut	, the above-named thorized by the corp	corpor coration	ration submits this statement for the n's board of directors. I hereby acce	purpose of cha pt the appointr	nging it nent as	s registered registered	
	m tamiliar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent.	ano title il applicable (NOTE: F	Rog stered Agent signature	required	when reinstating)	DATE			
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFI				
THLE	PSD Stern, Nancy A	DELETE	1.1 TITLE	ps	Did Toppos		Change	Addition	
NAME	3130 N. PINE ISLAND RD.		1.2 NAME	SA	PINE JOKDAN	ADT U	س مرا	-	
STREET ADDRESS	SUNRISE FL 33351		1.3 STREET ADDRESS	103	Syb nw ty pr.	222	23		
C:TY-ST-ZIP TITLE	5011110E 1 E 55051	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	DV	MAISE, FU S	225/4	Change	Addition	
NAME			2.2 NAME	i		_			
STREET ADDRESS			2.3 STREET ADDRESS					-	
CITY - ST - ZIP			2. 4 CITY - ST- ZIP						
TITLE		DELETE	3 1 TITLE				Change	Addition	
NAME			32 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP		Delete	3.4. CITY-ST-ZIP				^	1 1 1 1 1 1 1 1	
TOTLE		☐ DELETE	4.1 TITLE			٠ نــا	Change	☐ Addition	
NAME STREET ADDRESS			4. 2 NAMÉ 4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST- ZIP					1	
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			52 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			64 CITY - ST - ZIP						

4. 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 oath; that I am an officer or director of the certoration or the receiver or trustee emproyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phangled, or on an attachment with an apprecia.

SIGNATURE:

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