## 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 # P9300066149 (4)

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					. <b> </b>
Principal Plac	e of Business	Mailing Address			
8075 W. SAMPLE ROAD		8075 W. SAMPLE ROAD			
CORAL SPRIN		CORAL SPRINGS FL 3306	65-4713		
				3. Date Incorporated or Qualified	3a. Date of Last Report
a Barriera			·	09/17/1993	04/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc,		65-0438404	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Current	. Registered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
	HEN, GIDON DAVID				
	27 N.W. 7TH ST.		82 Street Addre	ess (P.O. Box Number is Not Acceptable	le)
· UI	RAL SPRINGS FL 33071	•	B3		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				oration submits this statement for the pu	urpose of changing its registered
agent. I a	egistered agent, or both, in the State t im familiar with, and accept the obliga	tions of, Section 607.0505, Fr	aumonzeu by me corporati lorida Statutes.	on's board of directors. I hereby accep	the appointment as registered
SIGNATURE					
40	Signature, typed or printed name of registered agen OFFICERS AND		If . Registered Agent signature require		DATE
TITLE	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	COHEN, GIDON DAVID	<u> </u>	1.2 NAME		El charge El Madrian
STREET ADDRESS	11027 N.W. 7TH ST.		1.3 STREET ADDRESS		!
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	OZERI, GAIL		2.2 NAME		ļ
STREET ADDRESS	11027 N.W. 7TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 C(1Y - S1 - Z(P		
TITLE		☐ DELFTE	3.1 1111.6		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		L] DELFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DOUTE	4 4 Cfl Y - S1 - ZiP		The Change of Address
TITLE		☐ DELETE	517171.6		Change Addition
NAME ATREET ADDRESS			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CHY-SI-ZIP 61 THLE	The state of the s	Change Addition
NAME		L. Detert	62 NAMF		El originale El vagitati
STREET ADDRESS			6.3 STREET ADDRESS		

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 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 changes, or on an attachment with an address.

CIGNATUDE.

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12/26/92 /90/25044

FILED

Apr 02 1997 8:00am

Secretary of State