SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P93000 NSULT, INC.	0066623 (8)				
Principal Plac	e of Business	Mailing Address				88178 81118 91178 81718 11889 1111 1190
2269 S. UNIVERSITY DRIVE 2269 S. UNIVERSITY DRIVE			/F			
201 201			_			
DAVIE FL 333	24	DAVIE FL 33324			DO NOT WRITE I	
					3. Date Incorporated or Qualified 09/23/1993	3a. Date of Last Report 07/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	# etc	Suite Ant # etc	Suite, Apt. #, etc.		65-0444612	Not Applicable \$8.75 Additional
<u> </u>		27		5. Certificate of Status Desired	Fee Regulred	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	<u> </u>		Country	1	8. This corporation owes or has paid	
24	25 9. Name and Address of Curren		30		Personal Property Tax due June 3 10. Name and Address of New Regi	
GRI	EENBERG, NEIL	Triogratered Agent	81	Name	IV. Halle and Address of Non ring	istored Agont
	SW 74 TERRACE		ļ <u>.</u>	, , , i		
STE 203			82	Street P	Address (P.O. Box Number is Not Acceptable	9)
PLA	INTATION FL 33317		83			***************************************
			84	City		85 Zip Code
						FL
l office or r	egisterod agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a ttions of, Section 607.0505, Flo	uthorized by irida Statute:	y the corp s.	corporation submits this statement for the pu oration's board of directors. I hereby accept	the appointment as registered
12,	Signature, typed or printed name of registered age: OFFICERS AND		flegislered Age	eni signature i	required whon reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE
TALE			1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	GREENBERG, NEIL		1.2 NAME			
STREET ADDRESS 300 SW 74 TERRACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP			
TITLE	VP	(X TELETE	2.1 TITLE			Change Addition
NAME	GREENBERG, JO ANNE		22 NAME			
STREET ADDRESS	300 SW 74 TERRACE PLANTATION FL		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE		2. 4 CHY-	ST-ZiP		Change Addition
NAME		La occete	3.2 NAME	ļ		C Change C Acquion
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CiTY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	į		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	IP DELETE		4,4 CHY-S	T-ZIP		<u> </u>
TITLE	(5.1 TATLE			Change Addition
NAME OTOGET ADDRESS			5.2 NAME	4000500		
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		DELETE	5.4 CITY - 9 6.1 TITLE	11 - ZR'		Change Addition
NAME	Λ	occen	62 NAME			Fr Avenda Fr Mattou
STREET ADDRESS		11.	6.3 STREET	ADDRESS		

14. I do hereby certify that the information indicated on this agricult is am an officer or director of the cappears in Block 12 or Block 15 or tous not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the ual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that rustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name

FILED

Sep 18 1997 8:00am

Secretary of State