## 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 # P93000075233 (5)

FLORIDA PRINTING & GRAPHICS, INC.

Principal Prace of Business 190 NE 33RD ST OAKLAND PARK FL 33334 Mailing Address

190 NE 33RD ST OAKLAIND PARK FL 33334-1142

## FILED May 02 1997 8:00am Secretary of State



US (		U8						
				3. Date Incorporated or Qualified 10/22/1993	e of Last Re )1/1996	of Last Report 1/1996		
2. Principal P.	ace of Business	2a. Mailing Address		1 1 1 1 1 1			Ap	plied For
21 265	5 GULFSTREAM	6 2655 GG	クレベラ	FREDAM	65-0450957		No	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	( •- }	City & State	to the to	F L	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Counte		8. This corporation has liability for	intangible :		
	12 25 BIZOL NED		30 [3	Row Ma		Yes [		
	9. Name and Address of Current Re				10. Name and Address of New Re	gistered #	gent	
DAD	KINSON, PAUL E	<u> </u>	8	1 Name				
2655 GULFSTREAM LANE								
				82 Street Address (P.O. Box Number is Not Acceptable)				
Fil	AUDERDALE FL 33312		B:	<u> </u>		<del></del>		
			"	1				
			8	4 City		<b></b>	85 Zip (	Code
						FL		
11. Pursuant	to the provisions of Sections 607,0502 ar	nd 607.1508, Florida Statute	s, the abo	ve-named corp	oration submits this statement for the	purpose of	changing it	s registered
office or r	egistered agent, or both, in the State of Firm familiar with, and accept the obligation	-torida, Such change was at hs of, Section 607,0505, Flor	nnonzea t ida Statuti	by the corporations.	on a board of directors. Thereby acce	brine appi	AUTHORIT RE	registered
	The rest of the control of the contr							
SIGNATURE	Signature typed or printed name of registered agent an	d little if applicable (NOTE:	Registered A	gent signatura require	ed when reinstaling}	DAYE	····	
12.	OFFICERS AND D	IRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 12
TITLE	P	DELETE	1,1 TITLE				Change	Addition
NAME	PARKINSON, PAUL		1.2 NAM					
STREET ADDRESS	2655 GULFSTREAM LANE			ET ADDRESS				
***************************************	FT LAUDERDALE FL 33312							
City-St-ZiP	S	DELETE	1.4 CITY 2 1 TITLE				Change	Addition
TITLE	PARKINSON, KATHLEEN	Detert					Circuigo	
NAME			2.2 NAM					
STREET ADDRESS	2655 GULFSTREAM LANE		2.3 STRE	et adoress	•			
City - St - ZiP	FT LAUDERDALE FL 33312		2. 4 CITY			**		
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAM	E -				
STREET ADORESS			3.3 STRE	ET ADDRESS				
C(TY+ST+2)P		4	3.4. CITY	·ST-ZIP				
TITLE		DELETE	4.1 TITLE			<del></del>	Change	Addition
NAME			4. 2 NAM	4F	•		•	
STREET ADDRESS				ET ADDRESS				
•					-			
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITLE				Change	Addition
THILE		L.J DELLIE						tornal ( Providence)
NAME			52 NAM	1				
STHEET ADDRESS			53 STRE	ET ADDRESS				
City-St 7/2			5.4 CITY				T-1-2/	1 (10)
THE		☐ DELETE	6.1 TITLE	·			Change	Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY - ST - ZIP			6 4 CITY	-\$T-ZIP				
44 Lelo boro	by certify that the information supplied w	ith this films does not qualify	for the e	vemotion states	Lin Section 119 07(3)(i) Florida Statut	es I furthe	certify that	the

I not necessary may may may may be improved with this thing 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 954 565-776

Daytime Phone #