## FILE NOW: FILING FEE AFTER MAY 1 IS \$5\$0.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000085965 (0)

Principal Place of	f Business	Mailing Address					
8641 East Atlan BTE. 300 POMPANO BEACH		2641 EAST ATLANTIC BLVD. STE. 300 POMPANO BEACH FL 33062-4947					
2. Principal Plac	e of Business						
1 :	etc	Suite, Apt. #, etc.	···				
21 Sulte, Apt. #, (	elc.	Suite, Apt. #, etc.					
Sulte, Apt. #, ( 22 City & State	etc.	Suite, Apt. #, etc. 27 City & State					
Sulte, Apt. #, (	etc. Country	Suite, Apt. #, etc.					

## **FILED** May 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
2641 EAST ATU STE. 300 POMPANO BEA	2841 EAST ATLANTIC BLV STE, 300 POMPANO BEACH FL 330	ANTIC BLVD.							
· ·	(A) ( A)					3. Date Incorporated or Qualified 01/03/1994	ite of Last R <b>13/1996</b>	e of Last Report 3/1996	
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number		Ar	oplied For
21 26									ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			equired
City & State	8	City & State	<b></b>			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zıp	<u> </u>	untry	1	8. This corporation has liability for			. 199.032,
24	25	29	30				Yes [		
	9. Name and Address of Curr	ent Registered Agent		-	T 50	10. Name and Address of New Re	gistered	Agent	
	NFRANCISCO, HARRY J			81	Name				
	I E. ATLANTIC BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	. 300			83	<del> </del>		<del></del>		
PON	IPANO BEACH FL 33062		:	03					
				84	City		FL	<b>85</b> Zip	Code
·		500 1500 1500 1500 1500 1500 1500 1500	<del> </del>	<u> </u>		poration submits this statement for the p			to reciptored
SIGNATURE	Signature, typed or printed name of registered of OFFICERS A	agent and title if applicable (NO	11 Acgiste		ent s gnature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	
TITLE	P	DELETE		TITLE				Change	Addition
NAME	GIANFRANCISCO, HARRY J		1.2	NAME					
STREET ADDRESS	1620 E. TERRAMAR DR.		1.3	STREET	T ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062	2	:1.4	CITY-S	ST-ZIP				
TITLE		☐ DELETE		TITLE				Change	Addition
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREET	I ADDRESS				
CITY-ST-ZIP			2. 4	CITY-	ST-ZIP				
TITLE		DELETE	3.1	TITLE				Change	Addition
NAME			3.2	name					
STREET ADDRESS			3.3	STREE	T ADDRESS				
CITY-ST-ZIP					-S1-ZIP			<del></del>	
TITLE		L DELETE	4.1	TITLE				Change	Addition
NAMÉ			4. 2	NAME	:				
STREET ADDRESS			4.3	STREE	T ADDRESS				
CITY-ST-ZIP					ST-ZIP			05	
TITLE		☐ DELETE	4 :	TITLE				☐ Change	Addition
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP			Chas	T Address
TITLE		DELETE	i	TITLE				Change	Addition
NAME			1	NAME	I				
STREET ADDRESS			-63	STREE	T ADDRESS				
CITY-ST-ZIP	<u> </u>		64	CITY-:	ST-ZIP				

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 12 if changed, or on an attachment with an address.