## 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 # P94000020352 (8)

| Principal Place of Business Mailing Address B177 N.W. 67TH STREET MIAMI FL 33166 MIAMI FL 33166-2739 |   |                                       |                              |                          |            |  |             |  |   |
|--|---|---------------------------------------|------------------------------|--------------------------|------------|--|-------------|--|---|
|  |   |                                       |                              |                          |            | Date incorporated or Qualified     03/15/1994  | 1           | ale of Last R                                    | eport                                   |
| 2. Principal F   | Place of Business                                 | 2a. Mailing                           | 2a. Mailing Address          |                          |            | 4. FEI Number  | 00/         |  | plied For                               |
| 21   |   | }                                     | 26                           |                          |            | 65-0519943   | :           | ·  | t Applicable                            |
| Suite, Apt   | #, etc  |                                       | Suite, Apt. #, etc           |                          |            | 5. Certificate of Status Desired   |             | \$8.75   | Additional                              |
| 22   |   | 27                                    |                              |                          |            | 6. Certificate of Status Desired   |             | Fee Re   | quired                                  |
| City & Stat  | le  | City & :                              | City & State                 |                          |            | 6. Election Campaign Financing \$5.00 May Be   |             |  |   |
| 23   |   | 28                                    |                              |                          |            | Trust Fund Contribution  |             |  |   |
| Z(p  |   |                                       |                              | Country 30               |            | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes                        |             |  |   |
| 24   | 9 Name and Address of Cur                         | 29 29 Address of Current Registered A |                              | 30]                      |            | Florida Statutes Yes I No  10. Name and Address of New Registered Agent  |             |  |   |
| DI 10  | RNS, RICHARD                                      |                                       | <del></del>                  | 81                       | Name       |  |             |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|  | 01 S.W. 133 PLACE                                 |                                       |                              |                          | Street Add | iress (P.O. Box Number is Not Accepta  | able)       | <del>"                                    </del> |   |
| PRINCETON FL 33132   |   |                                       | 83                           |                          |            |  |             |  |   |
|  |   |                                       |                              |                          |            |  |             | 1 2 1 33   |   |
|  |   |                                       |                              | 1                        |            |  |             | Code   |   |
| SIGNATURE  | Signature, typed or phrited harrer of registrated | agent and title if applicab           |                              | : Registered Age         |            | poration submits this statement for the ation's board of directors. I hereby accurred when reinslating)        | DATE        |  |   |
| 12.  | · · · · · · · · · · · · · · · · · · ·             | AND DIRECTORS                         | DELETE                       | 13.                      | - Т        | ADDITIONS/CHANGES TO OFF   | CERS AN     | D DIRECTOR  Change                               | Addition                                |
| TITLE  | P NODA  |                                       | C December                   |                          | }          |  |             | Companite  | L MUSICION                              |
| NAME<br>CORREST ADDICAGO   | LANG, NORA<br>26101 SW 133RD COURT                |                                       |                              |                          | 1000000    |  |             |  |   |
| STREET ADDRESS   | PRINCETON FL 33032                                |                                       |                              |                          | AODRESS    |  |             |  |   |
| CITY - ST - ZIP  | VP  |                                       | 1.4 CITY-1  DELETE 2.1 TITLE |                          | 51-217     |  | ·           | Change   | Addition                                |
| NAME   | LANG, PETER K                                     |                                       |                              | 2.2 NAME                 | 1          |  |             |  |   |
| STREET ADDRESS   | 26101 SW 133RD COURT                              |                                       |                              | 2.3 STREET               | ADDRESS    | *.   | -           |  |   |
| CITY - ST - ZIP  | PRINCETON FL 33032                                |                                       | 2                            |                          | ST-21P     | , and the second se |             |  |   |
| TITLE  |   |                                       | 3.1 TITLE                    |                          |            | !<br>):  | Change      | Addition   |   |
| NAME   |   |                                       |                              | 3.2 NAME                 |            |  |             |  |   |
| STREET ADDRESS   |   |                                       |                              | 3.3 STREET               | ADDRESS    |  |             |  |   |
| CITY - ST - ZIP  |   |                                       |                              | 3.4 CiTY-                | ST-ZIP     |  |             |  | ···                                     |
| TITLE  |   |                                       | L. DELETE                    | 4.1 TITLE                | - 1        |  |             | Change   | Addition                                |
| NAME   |   |                                       |                              | 4. 2 NAME                | 1          |  |             |  |   |
| STREET ADDRESS   |   |                                       |                              | 4 3 STREET               |            |  |             |  |   |
| CITY-ST-Zi <sup>o</sup>  |   |                                       | DELETE                       | 44 CITY - S<br>5 1 TITLE | SI - ZIP   |  | <del></del> | Change   | Addition                                |
| TITLE  |   |                                       | End Derett                   | 52 NAME                  |            |  |             | viaile   | (الاستان المناهدة المناهدة              |
| NAME<br>CIRCLI MODOLES   |   |                                       |                              | 1                        | ADDRESS    |  |             |  |   |
| STREET ADDRESS   |   |                                       |                              | 5.4 CITY - 5             | 1          |  |             |  |   |
| CITY-ST-ZIP  |   |                                       | DELETE                       | 6.1 TiTLE                | ) · 2(f    |  |             | Change   | Addition                                |

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 changed, or on an attachment with an address.

6.4 CHTY-ST-ZIP

6.2 NAME

NAME STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 31 1997 8:00am

Secretary of State