FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

FT-LAUDERDALE FL 33309-3669

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Date Incorporated or Qualified 3. Date of Lant Report

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SOUTHER RIDGE 717 E, Oak St.

Kissimmee, PL

DOCUMENT # P94000027396 (8)

AMY L. FISHER, P.A.

appears in Block 12 or Block 13 if changed

SIGNATURE:

Principal Place of Business

5651 NE 22ND AVE FT LAUDERDALE FL 33308

					3	94 7 4 4	04/07/1994		01/1996	
2. Principal Place of Business			a. Mailing Address				4. FEI Number		Ar	ppli ed For
21			3				65-0495910	N/	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing	:.	\$5.00	May Be
23		28					Trust Fund Contribution			to Fees_
Zip	Country		Zip	C	ountry	1	8. This corporation has liability for			i. 199.032,
					Plorida Statutes X Yes No					
	9. Name and Address of Curr	ent Regis	stered Agent		-	1	10. Name and Address of New R	egistered .	Agent	
	ART, HARRY J				81	Name				
717 EAST OAK STREET					82	Street Ade	dress (P.O. Box Number is Not Accepta	ble)		
KISS	SIMMEE FL 34744						,			
					83]				
					84	City	4-1-1-1		85 Zip	Code
					64	City		FL	100 Zip	Code
11. Pursuant t	o the provisions of Sections 607.09	02 and 6	07.1508, Florida Statu	utes, the	above	e-named co	rporation submits this statement for the ation's board of directors. I hereby according	purpose of	changing i	ts registered
office or re agent I a	egistered agent, or both, in trie Sta m familiar with, and accept the obl	te of Flori igations o	ida. Such change was if, Section 607,0505, F	s authoria Florida Si	zea by tatute:	y trie corpori 6.	ation's board of directors. I hereby acci	sprine app	OINTIMENT AS	; гед івіегеа
SIGNATURE		U								
SIGNATURE	Signalure, typed or printed name of registered a	igent and the	e if applicable (NC	OTE. Registe	ered Age	ent signature req	uired when reinstating)	DATE		
12.	OFFICERS A	NO DIRE		13			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	D		☐ DELETE	1.1	TITLE	P	, S, T,		Change	XXAdditio
NAME	FISHER, AMY L			1.2	NAME					
STREET ADDRESS	5651 NE 22ND AVE			1.3	STREET	ADDRESS				
City-Si-70	FT LAUDERDALE FL 33308			14	CITY-S	SY-ZIP				
TIFLE			DELETE	21	TITLE				Change	Addition Addition
NAME			•	2.2	NAME					
STREET ADDRESS				2.3	STREET	ADDRESS				
C:TY-ST-ZIP				2.4	4 CITY-S	ST-ZIP				
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NAME				3.2	NAME					
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STREET ADDRESS						ADDRESS				
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10LF			L DELETE		TITLE	j			T CHRINGE	L.J. Agging
NAME					2 NAME					
CIDELL ADDRESSE					SCHOCKE	LADDOCCC				

6.4 CITY-S1-2IP

14. I do horeby 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