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

Principal Place of Business OP72 NORTHWEST 1 MANOR CORAL SPRINGS FL 33071 P94000029435 (2) Mailing Address 10972 NORTHWEST 1 MANOR CORAL SPRINGS FL 33071			ANOR					
					3. Date Incorporated or Qualif 04/19/1994	1	Date of Last R	eport
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	<u></u>	Ap	plied For
Suite, Apt. #, etc.		26 Suite Ant # etc	Suite, Apt #, etc.		65-0482537		\$8.75	t Applicable
22		F	27		5. Certificate of Status Desired		\$6.75 / Fee Re	
City & State		City & State			6. Election Campaign Financia Trust Fund Contribution	sing \$5.00 May Be Added to Fees		
Zip 24	Country 25	Z _(P)	Country 30		8. This corporation has liability Florida Statutes			
<u>1</u>	g, Name and Address of Curr				10. Name and Address of Nev			
YURAN, ANDREA B				Name				
	72 N.W. 1 MANOR		82 Street		fress (P.O. Box Number is Not Acce	ptable)		
CORAL SPRINGS FL 33071			83					
			(84)	City		FI	85 Zip (Code
SIGNATURE	am familiar with, and accept the obling signature, typed or printed name of registered. OFFICERS A				ined when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	ID DIRECTOR	IS IN 12
TITLE	P	DOLLETE	1.1 HTtf				Change	Addition
NAME	YURAN, ANDREA B 10972 NORTHWEST 1 MANO	10	12 NAME					
STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL 33071	<i>)</i> n	1.3 STREET 1.4 CITY - S	J				
TITLE	DOING OF MINOS TE COST	DELETE		1-711	·		☐ Change	Addition
NAME '			22 NAME	ļ				
STREET ADDRESS			2.3 STREET	ADORESS				
CITY-ST-ZIP TITLE	 	DELETE	2 4 GHY-5	ST - ZIP			Change	Addition
NAME		_ m.c.	32 NAME				0.00.90	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY- S	ST - 70P				
TITLE			4.1 TITLE				Change	Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.3 STREET	Y				
TITLE		DELETE	5.1 THLE				Change	Addition
NAME			5.2 NAV [
STREET ADDRESS			53 STHEET	1				
CITY-ST-ZIP TITLE	 	DELETE	5.4 CHY-S 6.1 TITLE	T- 21P	······································		Change	Addition
NAME			6.1 HHE? 6.2 NAMÉ				C Analigo	
STREET ADDRESS			63 \$18611	ADDRESS				

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 logal 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

Feb 10 1997 8:00am

Secretary of State