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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031984 (5)

HOWARD STORFER, M.B.A., P.A.

Principal Place of Business 3111 UNIVERSITY DR.		Mailing Address			ABITE BUEDA ITIAL ITALO INFOA 1614 DINI EDDI	
		3111 UNIVERSITY DR.	3111 UNIVERSITY DR.			
SUITE 725	na El Bohar	SUITE 725				
OORAL SPRIN	38 FL 83085	CORAL SPRINGS FL 3306	5-5099		3. Date Incorporated or Qualifie	ed 3a. Date of Last Report
•		•			04/27/1994	04/20/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0495227	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27		S. Solimons of States Boards	Fee Required	
 1		City & State	Arrange of the control of the contro		6. Election Campaign Financing	·
23 Zip	Country	[28]	Country		Trust Fund Contribution	Added to Fees
24	25	29	30		8. This corporation has liability in Florida Statutes	for intangible tax under s. 199.032,
[24]	9. Name and Address of Curren		[30]		10. Name and Address of New	
RTA	DLER, SCOTT J	· · · · · · · · · · · · · · · · · · ·	81	Name		
	1 UNIVERSITY DR.					
	TE 725		82	Street At	ddress (P.O. Box Number is Not Accep	otable)
	RAL SPRINGS FL 33065		83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of %ctions 607.050	2 and 607.1508, Florida Statut	les, the above	e-named o	orporation submits this statement for the	
office or r agent. La	registered agent, or froth, in the State im familiar with. And accept the obliga	of Florida. Such change was a ations of, Section 607,0505. Fla	authorized by orida Statute:	/ the corpo s.	orporation submits this statement for the ration's board of directors. I hereby ac	could the appointment as registered
SIGNATURE	VI					4/24/97
SIGIVATORE	Stgnature, typoli or printed name of registered age	nt and title if applicable (NO)	E: Registered Age	ent signature re	equired when reinstating)	DATE
12.	OFFICERS AND		18.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D V	DELETE	1.5 TOLE		•	☐ Change ☐ Addition
NAME	STORFER, HOWARD	•	1.2 NAME			
STREET ADDRESS	11-208, 5440 N.W. 55RD BLVD		1.3 STHEET	ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073	- Drutt	1.4 CITY - S	1-7IP	· · · · · · · · · · · · · · · · · · ·	06
TITLE	STADLER, SCOTT J	L) DELETE	2.1 TITLE			Change Addition
NAME	3111 UNIVERSITY DR. SUITE 7	70E	2 2 NAME			
STREET ADDRESS	CORAL SPRINGS FL 33065	29	2.3 STREET			
CITY-ST-ZIP TITLE	COTAL OF HITGS I'E 33003	DELETE	2.4 CITY-	ST - ZIP		Chagos Addition
		L_ DLLL IE	3.1 TITLE			Change Addition
NAME DIOCET ADDOCCO			3.2 NAME	*DDDtss		
STREET ADDRESS			3.3 STREET	1		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - : 4.1 TITLE	51 · ZII'		Change Addition
NAME		LJ beccit				Change (Adomidii
STREET ADDRESS			4.2 NAME 4.3 STREET	ADDDECO		
				1		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5 5.1 TITLE	01 - ZIP'		Change Addition
NAME			5.7 NAME	1		ELI ORBINGO ELI AGORGIA
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	1		
TITLE		DELFTE	6.1 TITLE	1 - 1 H		☐ Change ☐ Addition
NAME			6.2 NAME			
CTREET ADDRESS				ADDRESS		

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 supply idental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the ecciver 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 or an attachment with an address.