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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400035058 (4)

FILED May 19 1997 8:00am Secretary of State

		ing, inc,		Mailing Address	•									
Principal Place of Business 7330 NW 20 CT. SUNRISE FL 33313 US				7330 NW 20 CT. SUNRISE FL 33313-3808 US								4		
										Date Incorporated or Qualified 05/06/1994		ate of Last Ri /16/1996	eport	
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number		Ap	plied For	
21				26					65-0538725			No	t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			\$8.75 Additional Fee Regulred		
City & State				City & State						Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24		Country 25	29	Zip	30	ountry			8.	This corporation has liability for Florida Statutes		e tax under s.	199.032,	
 		and Address of C		stered Agent		1			10.	Name and Address of New Re	gistered	Agent		
FARBSTEIN, DAVID R						81	Name)						
2765 W CYPRESS CREEK RD							01		(0.0 D. N C N C N C N C C					
FT LAUDERDALE FL 33309						82	Stree	t Addres	Address (P.O. Box Number is Not Acceptable)					
· · ·	# 19901 101 4	2010 0000				83								
,												·		
ļ						84	City				FL	- 1 ! '	Code	
11. Pursuant office or r agent. La	to the provis e gis tered ag m familiar wi	ions of Sections 60 ent, or both, in the th, and accept the	7.0502 and State of Flor obligations	607.1508, Florida Statu rida. Such change was of, Section 607.0505, F	ites, the authoria Iorida S	above zed by tatutes	e-name the co s.	d corpo rporatio	ration n's b	n submits this statement for the loard of directors. I hereby acce	purpose op pt the ap	of changing it pointment as	s registered registered	
SIGNATURE														
Signature, typed or printed name of registered agent and title if applicable (NOTE Re 12. OFFICERS AND DIRECTORS						stered Agent signature required when reinstating ADDITIO				reinstating) ADDITIONS/CHANGES TO OFFI	DATE	D DIDECTOR	<u></u>	
TITLE		DELETE 1.1 TO					NODITIONS/CHANGES TO OFFI	SEHS AIN	Change	Addition				
NAME	LABIDOU	LOUIS		C. Oreceit		NAME		}				- Change		
STREET ADDRESS	7330 NW				1		ADDOCCO	.					1	
CITY-ST-ZIP	SUNRISE					1.3 STREET ADDRESS 1.4 CITY - ST - ZIP						ł		
TITLE	DOMINOL	16 00010		DELETE		TITLE	1-211	 -				Change	Addition	
KAME							2.2 NAME					Change		
STREET ADDRESS				,			2.3 STREET ADDRESS						į.	
CITY-ST-ZIP	Ŧ ·					s SIRCEI 4 CITY - S		'					}	
TITLE		 -		DELETE		<u>4 UILT-S</u> LTITLE	21-11					Change	Addition	
NAME						2 NAME		}				- Survigo		
STREET ADDRESS					1		ADDRESS	. [Í	
CITY-ST-ZIP						1. CITY-9		` [ł	
TITLE				DELETE		TITLE	31.511	+				Change	Addition	
					I 7.1			1				on		

6.4 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 proplemental 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 propriator or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block of changed or on any attachment with an address.

1.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

DELETE

DELETE

Change

Change

Addition

Addition