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PROFIT CORPORATION ANNUAL REPORT

1997

Lam an officer or director of the co appears in Block 12 or Block 13 if

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Daylime Prione #

0337295

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400035092 (3)

Principal Place of Business Mailing Address 1280 S.W. 19TH AVE. 1280 S.W. 19TH AVE.							
1280 S.W. 19TH AVE. BOCA RATON FL 33486 1280 S.W. 19TH AVE. BOCA RATON FL 33486-8590							
				3. Date Incorporated or Qualifie 05/09/1994		of Last Re	eport
2. Principal Place of Business	2a. Mailing Add	Iress		4, FEI Number	02/01		plied For
21	26			65-0487818			t Applicable
Suite Apt #, etc.	Suite, Apt. #	⊭, etc.		5. Certificate of Status Desired		\$8.75 A	
City & State	City & State	······································		6. Election Campaign Financing		\$5.00	
23	28			Trust Fund Contribution		Added to	
Zip Country	Zip	Cou	ntry	8. This corporation has liability f	or intangible ta	x under s.	199.032,
24 25 25 Nome and Address	29 29 Sof Current Registered Agent	[30]		Fiorida Statutes 10. Name and Address of New	Yes People leved Acc		
	or Current Registered Agent		81 Name	10, Name and Address of New	Hedistered Wa	HOIIL	
FILINGS INC. 3732 N.W. 16TH ST.		į			 		
FT. LAUDERDALE FL 3331	1		82 Street Add	lress (P.O. Box Number is Not Accep	itable)		
The Experience Te voor	•		83	······································			
			84 City			85 Zip (ode
			, ,		PL!		
11. Pursuant to the provisions of Section	ns 607.0502 and 607.1508, Flor in the State of Florida, Such chai	rida Statutes, the al inge was authorized	ove-named corpora	poration submits this statement for the	ie purpose of cli cept the appoir	hanging its atment as i	s registered registered
office or registered agent, or both, i agent. Lam familiar with, and accep	of the obligations of, Section 607	7.0505, Florida Stat	utes.		-		
 Pursuant to the provisions of Section office or registered agent, or both, it agent. I am familiar with, and accept SIGNATURE 							
SIGNATURE Signature, typed or printed name of	Fregistered agent and title if applicable	(NOTE Registered	utes. I Agent signature requ	ired when reinstating)	DATE		
SIGNATURE Signature, typed or printed name of 12. OFF	Tregistered agent and title if applicable TICERS AND DIRECTORS	(NOTE Registered	J Agent signature requ		DATE FICERS AND L	DIRECTOR	RS IN 12
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SIGNATURE Signature typed or printed name of TILE TITLE NAME D MINICK, MICHAEL	registed agent and tide if applicable TICERS AND DIRECTORS	(NOTE Registered 13. DELETE 1.1 Til 1.2 NA	Agent signature requ	ired when reinstating)	DATE FICERS AND L	DIRECTOR	RS IN 12
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