## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT C

Sandra B. Mortha

Secretary of State DIVISION OF CORPORA

Apr 18 1997 8:00am ATE Secretary of State NS

**FILED** 

3a. Date of Last Report

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

07/29/1996

Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

## DOCUMENT # P9400036022 (9)

VANHOE SERVICES INC.

City & State

23

24

Zip

THE CONTRACT OF THE CONTRACT O				
Principal Place of Business	Mailing Address			
8980 SOUTH WEST 158TH STREET MIAMI FL 83157	8960 SOUTH WEST 158TH STREET MIAMI FL 33157-1944			
2. Principal Place of Business	2s. Mailing Address			
Sulte, Apt. #, etc.	26 Suite, Apt. #, etc.			

Country 2ip 25 29 9. Name and Address of Current Registered Agent

City & State

28

LYNCH, MARIAN 8960 SOUTH WEST 158TH STREET **MIAMI FL 33157** 

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ddress	
ITH WEST 158TH STREET	

3. Date Incorporated or Qualified

05/09/1994

65-0499237

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

			1 City		<b>85</b> Zip	Code
<u> </u>				FL		
11. Pursuant I office or re agent. I a	to the provisions of Sections 607.0502 and 607.150 egistered agent, or both, in the State of Florida. Suo m familiar with, and accept the obligations of, Secti	8, Florida Statutes, thichange was autl on 607.0505, Floric	the above-named horized by the corpla State is.	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	changing i ointment as	ts registered registered
SIGNATURE	Signature, typod or proted name of registered agent and tile if applica	ble (NOTE R	ogistered gent signature	e required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	PTD	DELETE	1.1 101.6		Change	Addition
NAME :	LYNCH, MARIAN		1.2 NAME			
STREET ADDRESS	8960 SOUTH WEST 158TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY - \$1 - 7IP			
TITLE	\$D	☐ DELETE	2.1 TITLE		Change	Addition
NAME	LYNCH, MONIQUE		2.2 NAME			1
STREET ADDRESS	6960 SOUTH WEST 158TH STREET		23 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157		2 4 City - S1 - 7IP			·
TITLE	V	☐ DELETE	3 1 TITLE		☐ Change	Addition
NAME	LYNCH, MICHAEL		3.2 NAME			
STREET ADDRESS	8960 SW 158 STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY - \$1 - 2IP			
TITLE		DELETE	4.1 TITUE		Change	Addition
NAME			4, 2 NAME	,		Ì
STREET ADDRESS			4.3 STREET ADDRESS	·		İ
CITY-ST-ZIP			4.4 CITY-S1-ZIP			
TITLE		☐ DELETÉ	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			[
STREET ADDRESS			5.3 STREET ADDRESS			ł
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

Cou

30

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.

3/20/97 305 253 9966