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

DOCUMENT # P94000047255 (2)

CHIKOVSKY & SHAPIRO, P.A. Principal Place of Business 1720 HARRISON ST 7TH FLOOR HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6829						
US		US			3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 05/01/1996
2. Principal Pi 21	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0504055	Applied For Not Applicable
Suite, Apt.	#, elg.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25	Zip 29	Country 30		This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
Į	9. Name and Address of Curren	l Registered Agent			10. Name and Address of New Ro	gistered Agent
	(OVSKY, FRED		81	Name		
	HARRISON ST FLOOR		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)
HOL	LYWOOD FL 33020		63			
ļ ·			84	City		FL 85 Zip Code
SIGNATURE agent Fai	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obligation of the obligation of the formal provision of the state of the s	itions of, Section 607.0505, Fig	rida Statutes.		oration submits this statement for the on's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
12.	OFFICERS AND		13.	I signature require	ADDITIONS/CHANGES TO OFFI	
1075F	DPST	DELETE	1.1 TITLE		ADDITIONO/OFFACES TO OFF	Change Addition
NAME	SHAPIRO, JAMES J		1.2 NAME			
STREET ADDRESS	1720 HARRISON ST, 7TH FLOO	OR	1.3 STREET A	ADDRESS.		i
CHT-ST ZIP	HOLLYWOOD FL		1.4 CITY-ST			'
1011.6	DV	DELETE	2.1 TITLE			Change Addition
NAV#	CHIKOVSKY, FRED		2.2 NAME			
STREET ADDRESS	1720 HARRISON ST, 7TH FLO	OR	23 STREET A	ADDRESS		· · ·
CHY-\$1-ZP	HOLLYWOOD FL		2 4 CHY-ST	r-ZiP		
7011	and the state of t	DELETE	3.1 TITLE		<u></u>	Change Addition
NAME			3.2 NAME			
STHEET ADDRESS			3.3 STREET A	ODRESS		1
CITY ST-ZIP			34 CITY-ST	i - ZIP		
THUE ([_] DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS .		
CHY-ST ZIP			4.4 CITY-ST	- ZIP		
THILE		☐ DELETE	5.1 TITLE	1		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET A	IDORESS		
CHY-S1-ZIF		F7 55, F95	5.4 CITY-ST	-7IP	<u> </u>	[] (A
Junit		DELETE	6.1 TITLE	ļ		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A			
CITY - ST - 7IP			6 4 CITY-ST	- 2 IP		

14. I did 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 legal 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 allachment with an address.

SIGNATURE

C POMALIFIAND THEO OF PROSED NAVIGORAJOHNO OFFICE OF DIRECTOR STORM T

4(97 954-970443

FILED

May 05 1997 8:00am

Secretary of State

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