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 # P9400058055 (2)

LARRY I	BIRGER ASSOCIA	ATES, INC.	Mailing Address								
			7100 SW 109TH TER MIAMI FL 33156-3968								
							3. Date Incorporated or Qualified 08/04/1994		Date of Last 2/20/1996		
2. Principat Place of Teisiness			2a. Mailing Address				4. FEI Number			Applied For	
Suite Apt #, etc			Suite. Apt. #, etc.				65-0509956 Not Applicable \$8.75 Additional				
22			27				Certificate of Status Desired		+	Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23			Z _I D Country			Trust Fund Contribution	intensibl		to Fees		
24	25		29 30		··· ,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9, Name and Addr	ess of Current Reg	stered Agent		7		10. Name and Address of New Re	glatered	J Agent	*****	
BIRGER, LAWRENCE				8	Name						
7100 SW 109TH TER MIAMI FL 33156					Street /	Addre	ss (P.O. Box Number is Not Acceptat	ole)			
MIA	MI FL 33130			8:	3		The state of the s			****	
				8-	City				85 Zip	Code	
				1	1 '			<u>Fl</u>	LII		
CICINIA 24 IIO				utes, the abo s authorized t Florida Statute	ve-named by the corp bs.	poratio	ration submits this statement for the parties board of directors. It hereby accepts	pt the ap	pointment a	is registered	
	Styricus (geolor panted na				gent signature	required	1 when reinstating)	DATE	10 0 DE070	555 01 15	
12.	D	OFFICERS AND DIR	DELETE	13.		Ι''''	ADDITIONS/CHANGES TO OFFIC	JEHS AN	Change	·····	
NAME:	BIRGER, LAWREN	CE		1.2 NAMI					LL.3 U		
STREET ADDRESS	7100 SW 109TH			1.3 STRE	T ADDRESS						
Caty - St - ZiP	MIAMI FL 33156			1.4 CITY-	ST-ZIP						
THE			DELETE	2.1 TITLE					Change	: Addit:on	
NAVE				2.2 NAMI							
STREET ADDRESS				2.3 STRE	T ADDRESS			•			
C-TY+S*+Z#* TFLE			DELETE	3.1 TITLE	***************************************		······································		Change	Addition	
NAME				3.2 NAMI							
STREET ADDRESS				3.3 STRE	ET ADDRESS						
Cilines 7P			DELETE	3.4. CITY					T 1 Chases	Addition	
TITLE NAME			L_) Officie	4.1 TITLE 4. 2 NAM					L Change	L Addition	
STHEE ACURESS					ET ADDRESS						
OHY-ST ZIP				4.4 CITY	ST-ZIP						
THE			DELFTE	5.1 TITLE					☐ Change	Addition	
NAMI				5.2 NAM							
STEEF LADJUHESS					ET ADDRESS						
Cally-St Zif Titlef			DELETE	5 4 CITY 6 1 TITLE					Change	Addition	
NAMI:			end percet	6.2 NAM					0.000g	7100(101)	
STEFFEL ADDRESS				B	ET ADDRESS		*				
Official Zie				6 4 CiTY							

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual 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 this corpetition 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 80 keV 13 in spin god. or on an attach forti with an address.

SIGNATURE:

HIDE AND TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

197 President

FILED

Mar 17 1997 8:00am

Secretary of State