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

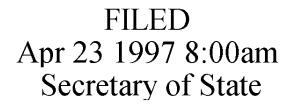
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RONALD S. GLICK, P.A.

Principal	Place	of	Business
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Mailing Address

6354 SHADOW WOOD BLVD CORAL SPRINGS FL 33071 8354 SHADOW WOOD BLVD CORAL SPRINGS FL 33071-673





CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071-6738							
						3. Date Incorporated or Qualified 08/10/1994		te of Las 24/199	st Report
2. Principal P	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number			Applied For
21		26				65-0516256			Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	ing \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29	Coun	itry		This corporation has liability for in Florida Statutes	ntangible Yes		er s. 199.032,
	9. Name and Address of Curren		100,			10. Name and Address of New Re			
GLIC	CK, RONALD S		1	В1	Name	'			
	4 SHADOW WOOD BLVD PAL SPRINGS FL 33071		1	B2	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
. 001	A4" 01 ((((00) 1 F 000) 1		1	В3		Personal Value of the Control of the			
			ī	84	City			8 5 Z	ip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	ites, the abo authorized	ove by	named corpora	poration submits this statement for the p ilion's board of directors. I hereby accep	urpose of	changin cintment	g its registered as registered
agent. Fa SIGNATURE			lorida Statu	les					-
	Signature, typed or printed name of register, dlago		It : Registered	Age	nt signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD CHOK DONALD C	☐ DELETE	11 HTL					Chang	ge 🔲 Addition
NAME	GLICK, RONALD S 8354 SHADOW WOOD BLVD		1.2 NAN						
STREET ADDRESS	CORAL SPRINGS FL 33071				ADDRESS				
CITY-ST-ZIP	CONAL SPRINGS PL 33071	DELETE	14011		I - 7IP			Char	a. Dagger
TITLE			21 111					Chang	ge Addition
NAME CTOCCT ADDRESS			22 NAN		A banks 66				
STREET ADDRESS					ADDRESS	,			
CITY-ST-ZIP TITLE		DELETE	2 4 CH 31 TH		31 - 211'			Chang	ge Addition
NAME			3 2 NAN			·		Onlang	je <u>Li zadilion</u>
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3 4. CiT						
TITLE		☐ DELETE	4 1 111L	_	71-211			Chanc	ge Addition
NAME	-	-	4. 2 NAI						,
STREET ADDRESS					ADDRESS				
CiTY-ST-ZIP			4.4 CITY						
TITLE		DELETE	5.1 Titl		<u>''</u>			Chang	ge Addition
NAME			5.2 NAN	AE.					,
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	61 THL		1 211			Chang	oe Addition
NAME		_	6 2 NAV						,
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP		•	6.4 Cily						
VIII VII LIF		Mar. 1	0.4 (11)	. 51	1.11.	·····			

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 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 attachment with an address.