## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000064250 (1)

**FILED** Apr 09 1997 8:00am Secretary of State

Principal Plac	ce of Busines CASSEL 5 RD., STE. 3		% 771	iling Address BROAD & CASSEL 77 GLADES RD., STI ICA RATON FL 3343		<del></del>	<del></del>					
									<ol> <li>Date Incorporated or Qualified 08/31/1994</li> </ol>		te of Last 02/1996	,
2. Principal Place of Business 28. Mailing Address									4, FEI Number	J.—X-Y.		Applied For
21			26									Vot Applicable
Suite, Apt	. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Require				
City & State				City & State					6. Election Campaign Financing \$5.00 May B			
23			28	7:			<u> </u>		Trust Fund Contribution			d to Fees
Ζιρ <b>24</b>		Country	29	Zip	30	untry		}	This corporation has liability for it     Florida Statutes	ntangible ] Yes = [		s. 199.032,
24	g Name	25 and Address of Curre		ered Agent		T			10. Name and Address of New Re			
DF		<del></del>				81	Name			X		
DEUTCH, JEFFREY A BROAD & CASSEL						82	- Ctroot	Addrag	ress (P.O. Box Number is Not Acceptable)			
7777 GLADES RD., STE. 300							Street Addres		F(F.O. BOX NUMBER IS NOT Acceptab	10)		
	CA RATON					83						
						84	City				85 Zip	o Code
										FL	, [ ] '	
SIGNATURE		d or printed name of registered ag	ent and title i	rappicable (f	VOTE: Register	ed Age			ation submits this statement for the p 's board of directors. I hereby accept when reinstating)	DATE		
12.	PSD	OFFICERS AN	ND DIREC	DELETE	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change	
TITLE NAME		ANTZ, SAUL		☐ DECEIE		title Name		1			f""I OIRHRE	, L. Addition
STREET ADDRESS		CARIE BLVD, STE 20	10		1		ADDRESS	l				
CITY-ST-ZIP		ROAYAL QC	,,,			CITY-S						
TIFFE	VASD	110/11/2 40		☐ DELETE		TITLE	1-21	l			Change	Addition
NAME		ANTZ, TERRY			1	NAME	ſ	ĺ				
STREET ADDRESS		CARIE BLVD., STE 2	00				ADDRESS	l				
CITY - ST - ZIP		ROYAL QC			2.4	CITY-5	ST-ZIP	1				
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NAME		ger, frank			32	NAME		1				
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NAME					4. 2	HAME	ľ	{				
STREET ADDRESS					4.3	STREET	ADDRESS	1				
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NAME						NAME		1			( )X.	1121.201
STREET ADDRESS	1						ADDRESS	•			<b>U</b> 1	1600.
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TITLE				™ nere i¢		TITLE		1	00000213	187	200	, FT MODITION
NAME					6.2	NAME		í	04 71 0 702 0100	∩c∩`	10	
STREET ADDRESS					. I			1	######################################	יט דיייטע.	10	
CITY-ST-ZIP	· (					STREET CITY-S	ADDRESS	1	00000213 -04/10/970100 ***165.00	00	13	

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 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.

SIGNATURE: Franklin J. Gattinger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF PER OR

April 1, 1997 (514)341-8600