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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

SIGNATURE:

P94000069938

1 + M ENTERPRISES & SERVICES INC.

## FILED May 08 1997 8:00am Secretary of State

Z / I'V CRIORINIS		_	1	
Principal Page of Business	Maring Address ✓	same as Below	-	
299 NORTH RIVE	war Noine #	706.		
		100.	3. Date Incorporated or Qualified	3a. Date of Last Report
tompano Both FL	., 33062.		1994	1996
2. Pencipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 as above.	26	above	58~2145172	Not Applicable
Suite Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 as above	27 as ab	ove	5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 711.	28 HW.		Trust Fund Contribution	Added to Fees
24 33062 25 W.S.A.	21p 29 33060 3	Country W.S.A.	8. This corporation has liability for in	
24 3000 25 W.S.H. 9. Name and Address of Curre		10 W.S.A.	Florida Statutes  10. Name and Address of New Reg	Yes No
	in registered Agent	81 Name	A M	A J J
5. Fue			5. Tue	L same as before
	11 5		ess (P.O. Box Number is Not Acceptable)	
299 n. Kive	worlde Drive #	100 83	19 HOCIN ATTIONNE	
Pompano Boh	3306a 76			
10/11panto 132/	,	84 City C	nogno Bet	FL 85 Zip Code 3306 2
11. Pursuant to the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	the above-named corporate	oration submits this statement for the pu	
office or registered agent, or both, in the Stat	e of Florida. Such change was au	thorized by the corporate	on's board of directors. I hereby accep-	t the appointment as registered
ager: I am familiar with, and accept the obli-	gations or, Section 607.0505, Fight	da Statutes.		
S'GNATUR!	nent and the if applicable. (NOTE:	Registered Agent signature require	d when reinstating)	DATE
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
1911 President	DELETE	1.1 TITLE		ERS AND DIRECTORS IN 12 Change Addition Change Addition
HAME ON A REAPET R	Tum	1 2 NAME		4
MARGARET R STHELAGRESS AGE NOOTH RIVE	olds to rompound	1 3 STREET ADDRESS		\ <u>S</u>
City-St 70 Beh 33062		1 4 CITY - ST - ZIP		132
1917	☐ DELETE	2.1 TITLE		Change Addition O
NAME )		2 2 NAME		J
STARKS ADDITION		2.3 STREET ADDRESS		
Quis (87-778)		2. 4 CITY - \$1 - ZIP		
101	☐ DELETE	31 TITLE		Change Addition
nast		32 NAME		
SMOTADDHY:		3.3 STREET ADDRESS		
7 (r. 8) 70		3.4 CITY-ST-ZIP		
10.01	☐ DEFELE	41 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NASE		4 2 NAME		
STM ( ADD 1.5%)		4.3 STREET ADDRESS		
00+ 51 AP		4.4 CITY - ST - ZIP		
1111	DELETE	5 1 TITLE		Chang Addition
NAME		5.2 NAME		W 7/8/02
5080 F40.0et qs		5.3 STREET ADDRESS		クリ クリアユー
C10 \$1.70°		5.4 CITY - ST - ZIP		
11.11	[_] DELETE	61 TITLE	60000218	Change Addition
NAME		6.2 NAME	-05/19/97010	76 & 1 CD 04010
of section (All others)		6.3 STREET ADDRESS	***165.00	04010
(6 y :1 0)		6.4 CiTY+ST-ZIP		
<ol> <li>Frie hereby decally that the information supply informats irredicated on this armual report or</li> </ol>	ed with this filing does not qualify  supplemental annual report is tru	for the exemption stated e and accurate and that	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	. I further certify that the effect as if made under oath: that
Lar have of per or orgetter of the corporation of	or the receiver or trustee empower	red to execute this report		
appears in Block 12 or Block 13 if alrayged	or o ron anachment with an addit	500,		Į.