## 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

Principal Plac		Mailing Address 3702 WASHINGTON ST				
BTE 404 HOLLYWOOD I	FL 93021	STE 404 HOLLYWOOD FL 33021-8:	284			
US	. 2	US			3. Date Incorporated or Qualified	3a. Date of Last Report
1.					10/19/1994	04/30/1996
<del></del>	lace of Business	<b>2a.</b> Mailing Address			4. FEI Number 65-0533067	Applied For
21) 2 Sulte, Apt. #, etc.		Suite, Apt. #, etc.		00-000007	Not Applicable  \$8.75 Additional	
<del></del>		77		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ 	Countr	У	8. This corporation has liability for in	ntargible tax under s. 199.032, Yes \[ \] No
24	9, Name and Address of Current R	29 egistered Agent	30]		Florida Statutes  10. Name and Address of New Reg	
GRIL	LLO, KELLY MD	· Y	81	Name		~~
3702 WASHINGTON ST STE 404			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)
HOL		<u></u>		ood ( To , Down Talling To , To	***	
			[83	\$[		
if A			84	City		FL 85 7ip Codo
.11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statu	ites, the abov	/e-named corp	poration submits this statement for the pu	urpose of changing its registered
<ul> <li>office or r</li> </ul>	registered agent, or both, in the State of I im familiar with, and accept the obligatio	Horida, Such change was	authorized b	v the corporat	ion's board of directors. I hereby accept	. the appointment as registered
SIGNATURE	The same with a second		oracio			
12	Signature, typed or publied harne of registered agent ar			jont signature requir	ed when relistating)	DATE
12.	OFFICERS AND D	DELETE	13. 1.1 Inle	<b>T</b>	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
NAME	GRILLO, KELLY	CJ beens	1.2 NAME			Change Addition
STREET ADDRESS	3702 WASHINGTON ST STE 404			T ADDRESS		ĺ
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CHY-	ĭ		)}
TITLE		DELETE	21 101.0			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREE	I ADDRESS	•	
CHTY-ST-2IP		Прин	2.4 City	\$1-ZIP		
TITLE		[_] DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	I ADDOCCC		
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-	I ADDRESS		1
TITLE		DECETE	4.1 TILE	-01-21		Change Addition
NAME			4, 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			44 CITY-			
TITLE		☐ DELETE	51101			Change Addition
NAME		•	5.2 NAME			
STREET ADDRESS			5.3 STREE	I ADDRESS		
CITY-ST-ZIP			5.4 CITY -	\$1-7IP		
TITLE		L_I DECETE	G.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		

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 logal 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 or an attachment with an address.

**FILED** 

Apr 14 1997 8:00am

Secretary of State