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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000077314 (0)

FILED May 05 1997 8:00am Secretary of State

Principal Plac	MERCIAL BLVD.	Mailing Address 2929 E. COMMERCIAL B SUITE 702 FT. LAUDERDALE FL 33					111 111	
		, , , , , , , , , , , , , , , , , , , ,			3. Date Incorporated or Qualified		e of Last R	leport
 • • • • • • • • • • • • • • • • • •		As Mallis - Address			10/21/1994 4. FEI Number	U0/1	6/1996	
L '	lace of Business	2a. Mailing Address			65-0536456			oplied For ot Applicable
21 Suite, Apt.	# alc	Suite, Apt. #, etc.			05 0550450			Additional
22	# ₁ GC/	27			5. Certificate of Status Desired			equired
City & Stat	le	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for	intangible t	ax under s	199.032
24	25	29	30				No	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
	IEIL, ROBERT E		81	Name				. 1
	9 E. COMMERCIAL BLVD.		8:	2 Street Add	dress (P.O. Box Number is Not Accepta	ible)		
	TE 702		8:			·,		
j Fi.	LAUDERDALE FL 33308]"	1				1
			84	City		FL	85 Zip	Code
office or r agent La	registered agent, or both, in the Stat am familiar with, and accept the obliq	e of Florida. Such change was gations of, Section 607.0505, F	authorized t	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acception	opt the appo	intment as	registered
SIGNATURE	Signature, typical or printed name of registered as				uired when reinstating)	DATE		
SIGNATURE						DATE	DIRECTOR	RS IN 12
	OFFICERS AN	gorif and little if applicable (NC	OTE: Registered A	gent signature req	uired when reinstating)	DATE CERS AND	DIRECTOF Change	RS IN 12
12.	OFFICERS AT PSTD O'NEIL, ROBERT E	gent and title If applicable (NC ND DIRECTORS	DTE Registered A	gent signature req	uired when reinstating)	DATE CERS AND		
12.	OFFICERS AT PSTD O'NEIL, ROBERT E 12100 CLASSIC DRIVE	gent and title If applicable (NC ND DIRECTORS	13. 1.1 TITLE	gent signature req	uired when reinstating)	DATE CERS AND		
12. SILLE NAME STREET ADDRESS CITY+S1-ZIP	OFFICERS AT PSTD O'NEIL, ROBERT E	geril and idle if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature requ ET ADDRESS ST-ZIP	uired when reinstating)	DATE CERS AND	Change	Addition
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12. SHLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP	OFFICERS AT PSTD O'NEIL, ROBERT E 12100 CLASSIC DRIVE	gord and Idle II applicable (NO ND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	gent aignanue request de la constant	uired when reinstating)	DATE CERS AND	Change Change	Addition
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3. 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: SOLT (Suf-ROBERT E ONEX)

April 28, 1997

954-771-9503

Daytime Phone