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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000082175 (8)

10191 CORP-

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

Principal Pla						_{		1881 HAN HERA	# <b>#</b>
	ce of Business	Mailing Address				4 1001cant sin 14111 Ellet main Agilt Balli	neifi ifili i	· • 41 11911 IBBT	1 871 <b>7 7967</b>
9801 COLLINS AVE		9801 COLLINS AVE							
APT 19H	T. 80164	APT 19H	1024						
BAL HARBOR	PL 33154	BAL HARBOR FL 33154-1824			3. Date Incorporated or Qualified	Se Dat	e of Last R	toport	
						11/09/1994		5/1996	вроп
2. Principa"	Place of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
<u> </u>		26				65-0531687			ot Applicable
Suite, Ap	t. #, etc	Suite, Apt #, etc.				5. Certificate of Status Desired		T	Additional
		27							equired
– City & Str ⊓	ite	City & State				6. Election Campaign Financing			May Be
<u></u>		28				Trust Fund Contribution			to Fees
Zip ⊐	Country	<u>├──</u> ┐	Zip Country		8. This corporation has liability for intargible tax under s. 199.032, Florida Statutes				
<u> </u>	25	29	30						
	9, Name and Address of Curre	nt Registered Agent		04	A 1	10. Name and Address of New Re	Distered A	gent	
	HWARTZ, JOSEPH L		'	81	Name				
	40 SHERIDAN ST		. 82		Street Addr	reet Address (P.O. Box Number is Not Acceptable)			
HQ	LLYWOOD FL 33021								
				83					
				B4	City			<b>85</b> Zip	Code
		,		اتا	Oity		FL	103 Zip	Ootie
12.	Signaturi typed or printed name of registered as OFFICERS AN	ND DIRECTORS	13.	A Age	rit signiscore requiri	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	RS IN 12
12.			13.		·	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
HHE	D	DELETE	1.1 []	ITLE				Change	Addition
NAME	AGAI, ROBERT		1.2 N	IAME					
STREET ADDRESS	9801 COLLINS AVE								
			1.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	BAL HARBOR FL 33154			TREET HTY-ST					·
	BAL HARBOR FL 33154	☐ DELEYE		TY-\$1				Change	Addition
IITLE	BAL HARBOR FL 33154 D AGAI, MARIA	☐ DELETE	1.4 0	ITY-SI				Change	Addition
HTLE NAME	BAL HARBOR FL 33154 D AGAI, MARIA 9801 COLLINS AVE	☐ DELEYE	1.4 C 2.1 TI 2.2 N	ITY-SI ITLE IAME				Change	Addition
TITLE NAME STREET ADDRESS	BAL HARBOR FL 33154 D AGAI, MARIA		1.4 C 2.1 TI 2.2 N 2.3 S	ITY-SI ITLE IAME	T-ZIP  ADDRESS				
IITLE NAME STREET ADDRESS DITY-ST-ZIP	BAL HARBOR FL 33154 D AGAI, MARIA 9801 COLLINS AVE	☐ DELETE	1.4 C 2.1 TI 2.2 N 2.3 S	ITY-SI ITLE AME TREET	T-ZIP  ADDRESS			Change Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BAL HARBOR FL 33154 D AGAI, MARIA 9801 COLLINS AVE		1.4 C 2.1 T/ 2.2 N 2.3 S 2.4 C 3.1 T. 3.2 N	ITY-SI ITLE AME TREET CITY-S ITLE IAME	T-ZIP  ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME	BAL HARBOR FL 33154 D AGAI, MARIA 9801 COLLINS AVE BAL HARBOR FL 33154		1.4 C 2.1 T/ 2.2 N 2.3 S 2.4 C 3.1 T. 3.2 N	ITY-SI ITLE AME TREET CITY-S ITLE IAME	T-ZIP  ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAL HARBOR FL 33154 D AGAI, MARIA 9801 COLLINS AVE BAL HARBOR FL 33154	☐ DELETE	1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 T. 3.2 N 3.3 S 3.4 C	ITY-SI ITLE IAME TREET CITY-S ITLE IAME TREET	I-ZIP  ADDRESS ST-ZIP  ADDRESS			Change	Addition
CHY-SY-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP THLE NAME STREET ADDRESS CHY-SI-ZIP TITLE	BAL HARBOR FL 33154 D AGAI, MARIA 9801 COLLINS AVE BAL HARBOR FL 33154		1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti	ITY-SITLE TREET CITY-S TREET TREET TREET CITY-S TREET	I-ZIP  ADDRESS ST-ZIP  ADDRESS				Addition Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	BAL HARBOR FL 33154 D AGAI, MARIA 9801 COLLINS AVE BAL HARBOR FL 33154	☐ DELETE	1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 T. 3.2 N 3.3 S 3.4 C	ITY-SITLE TREET CITY-S TREET TREET TREET CITY-S TREET	I-ZIP  ADDRESS ST-ZIP  ADDRESS			Change	Addition
TIPLE NAME STREET ADDRESS CHY-SI-ZIP THEF NAME STREET ADDRESS GITY-SI-ZIP	BAL HARBOR FL 33154 D AGAI, MARIA 9801 COLLINS AVE BAL HARBOR FL 33154	☐ DELETE	1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 4.1 Ti 4.2 N 4.3 S	ITY-SI ITE IAME ITREET ITE ITE ITE ITE ITE ITE ITE ITE ITE	T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	BAL HARBOR FL 33154 D AGAI, MARIA 9801 COLLINS AVE BAL HARBOR FL 33154	☐ DELETE	1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 T. 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C	ITY-SI ITLE  AME  TREET  ITLE  AME  TREET  ITLE  ITLE  ITLE  ITLE  ITREET  ITREET  ITREET	T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS			Change  Change	Addition
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14.1 do hereby certify that the information sup-information includated on this an Jual report Lam an officer or director of this corporat-appears in Block 12 or Block 13 if charges ied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the risk premental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the reliever or trustbe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of a attachment with an address.

SIGNATURE:

HOURED SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR