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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400083565 (9)

Principal Plac TWO 8 UNIVE SUITE 200 PLANTATION F	ce of Busines RSITY DR FL 33324	s	N TV SI PI	Mailing Address TWO S UNIVERSITY DR SUITE 200 PLANTATION FL 33324-3305					3. Date Incorporated or Qualified 11/16/1994				
21				26				OF 0F40404			t Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			5.		1 1 7 -		dditional		
23				City & State 28				Election Campaign Financing Trust Fund Contribution			5.00 (May Be o Fees	
l Zip		Country Zip C				Country			8. This corporation has liability for intengible tax under s. 199.032,				
24		25	29		30	1				Yes No			
9. Name and Address of Current Registered Agent						~~		10.	10. Name and Address of New Registered Agent				
	CH, JOHN					81	, Name						
TWO S UNIVERSITY DR						82 Street Address (P.O.			O. Box Number is Not Acceptable	······································			
SUITE 200													
PLA	ntation f	L 33324				83							
					į	84	City			FL 85	Zip C	ode	
11. Pursuant office or ragent. I a	to the provis registered ag im familiar wi	ions of Sections 607. ent, or both, in the S th, and accept the o	0502 and 6 tate of Flori bligations o	07.1508, Florida Statu da. Such change was f, Section 607.0505, F	ites, the at authorize Torida Stat	bove d by utes	named co the corpor	orporatio ration's t	on submits this statement for the purposed of directors. I hereby accept	rpose of chang the appointme	ging its ant as r	registered egistered	
SIGNATURE													
	Signature, typed	or printed name of registere				togiste:ed Agent signature requir		<u>: </u>		DATE			
12.	DPST	OFFICERS	AND DIRE		13.				ADDITIONS/CHANGES TO OFFICE				
TITLE	I VAICH TOTAL I					1.1 Title				∐ CI	ange	Addition	
NAME .			ND CHITE	200	1.2 N/		1						
STREET ADORESS	DIANTATION SI 00004				1.3 STREET ADDRESS								
CITY-ST-ZIP	LEWIN	1011 1 6 33324		☐ DELET E	14 CI		I - ZIP	· · · · ·				T Azen	
TITLE NAME				I ∩creit	211					Cr	ange	Addition	
					2.2 N/								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	2.4 C							A MARKS -	
				TT DECEIL	3110		`			∐ Cr	ange	Addition	
NAME '					3.2 NA								
STREET ADDRESS							ADDRESS	1					
CITY-ST-ZIP				DELETE	3.4 CI		T-ZIP			——————————————————————————————————————		il an ir trace	
TITLE				DELETE	4.1 711					L Ch	ange	Addition	
NAME					4.2 N	AME	Į.						

64 CITY-ST-ZIP

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 eath; 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.

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5 1 1ITLE

52 NAME

6.1 TITLE

6.2 NAME *

DELETE

DELETE

OIONATURE.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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Addition

FILED

Jun 20 1997 8:00am

Secretary of State