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 # P9400084227 (5)

| Principal Place of Business Mailing Address 1103 OLD GRIFFIN ROAD 1103 OLD GRIFFIN ROAD DANA FL 33004 DANA FL 33004-2254 | | | | | | | | |
|--|--|---------------------|---------------------|---------------------|------------------|--|--|--|
| US | | US | | | | 3. Date Incorporated or Qualified | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | 2a. Maiting Address | | | 4. FEI Number Applied For | | |
| 21 | | 26 | | | | 65-0555654 Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional | | |
| City & Stat | Δ | City & State | | | | Fee Required | | |
| 23 | | 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 | 29 | 30 | • | | Florida Statutes Yes No | | |
| 7.1 | 9. Name and Address of Curr | | 1==1 | | | 10. Name and Address of New Registered Agent | | |
| RAYMOND, CLAUDR) 1103 OLD GRIFFIN RD DANIA FL 33004 | | | | il | Name Street A | RAYMOND CLAUDE Address (P.O. Box Number is Not Acceptable) | | |
| 1 P | | | | 84 | City | FL 85 Zip Code | | |
| SIGNATURE | Signature, typed or printed name of registered OFF ICERS A | ND DIRECTORS | Ole Registore | d Agent | aignature | e required when re-installing) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | P DALLI MANDON | ☐ DELETE | 1.1 TI | ī t E | ļ | Change Additio | | |
| NAME | RAMI, MAYRON 1103 OLD GRIFFIN RD | | 1.2 N | AME | | | | |
| STREET ADDRESS | DANIA FL | | | | DDRESS | | | |
| CITY-ST-ZIP | VP | ☐ DELFTE | | TY-\$1- | 7IP | D Obrana P Advisor | | |
| TITLE | CHAUDE, RAYMOND | | 2111 | | | CLAUDE RAYMOND | | |
| NAME STREET ADDRESS | 1103 OLD GRIFFIN RD | | 22 N | | DDRESS | | | |
| CITY-ST-ZIP | DANIA FL | | | IRLET AL ITY-ST- | | | | |
| ATITLE | 8 | DELETE | 3.110 | | | _ Change Additio | | |
| NAME | LEBRUEX, CAROLE | , | 3.2 N | | | LEBREUX CAROLE | | |
| STREET ADDRESS | 1103 OLD GRIFFIN RD | | 8 3 S | IREET AL | DDRESS] | | | |
| CITY-ST-ZIP | DANIA FL | | 84. 0 | HY-S1- | - 71F | | | |
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| NAME | | | 4.25 | AME | ļ | | | |
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| NAME | J | | 5 2 N | | | | | |
| STREET ADDRESS | | | 53 S | HEET A | DDRESS [| | | |
| CITY-ST-ZIP | | | | | - 1 | 4 | | |
| | | T outre | | 1Y-ST- | ZIP | M Change Made | | |
| TITLE | | DELETE | 6.111 | TLE | ZIP | Change Additio | | |
| NAME STREET ADDRESS | | DELETE | 6.1 TJ 6.2 N | TLE AME | ZIP DDRESS | Change Additio | | |

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.

SIGNATURE:

954925 8888

FILED

May 12 1997 8:00am

Secretary of State