SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 01 1997 8:00am Secretary of State

	MENT on Name /ENTURES	# P940(, INC.	0008	35563 (2	2)						
Principal Place of Business Mailing Address								HIT DOIN (DIO DIA)			
713 PENNYROYAL PLACE 713 PENNYROYAL PLACE					IÇE						
BRANDON F	L 33510			BRANDON FL 33510			DO NOT MULTE	INI TABLE COACE			
							DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date of I		eport	
							11/23/1994	07/15/		port	
2. Principal F	Place of Busin	ess	28	2a. Mailing Address			4. FEI Number	1 01/10/		olied For	
21			26				59-3279563	-	Not	Applicable	
Sulte, Apt.	#, etc.		ļ	Suite, Apt. #, etc.			Certificate of Status Desired	1 1 7 -		dditional	
City P Ctol	to.		27	27 Car 8 State				F	ee Rec	dniteq	
City & State			28				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24		Country 25	29	Zip	Countr 30	y	 This corporation owes or has pa Personal Property Tax due June 			pgible No	
		and Address of Curre	ent Regi	stered Agent			10. Name and Address of New Re	gistered Agent			
	glis, John				81	Name					
101 E. KENNEDY BLVD., SUITE 2			2800	00		Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
TA	MPA FL 33	602									
					83						
					84	City		85	Zip C	ode	
11 Purcuant	to the provisi	one of Sactions 607.06	Ω2 and 4	SOZ 1508 Elorida State	don the ober	o named an		FL °°	1		
agent. I a		or printed hame of registered a	gent and title	o if applicable. (NC	OTE: Registered Ap		rporation submits this statement for the pation's board of directors. I hereby acception which reinstating)	DATE			
TITLE	DP	OFFICERS AI	ND DIRE	DELFTE	13. 1.1 TITLE	T	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		IN 12 Addition	
NAME	1	IDEZ, DAHLIA		CJ DEG IE	1.2 NAME				นเกิด	Mudition	
STREET ADDRESS		INYROYAL PLACE				1 ADDRESS					
CITY-ST-ZIP		N FL 33510			1.4 CHY-5	1					
TITLE				DELETE	2.1 TITLE	31-211		□ Ch	anne	Addition	
NAME					2.2 NAME	ļ			- 0		
STREET ADDRESS					2.3 STREE	F ADDRESS					
CITY-ST-ZIP					2.4 CITY-	S1 - 71P					
TITLE				☐ DELETE	3.1 TITLE			☐ Ch	ange	Addition	
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CITY-ST-ZIP				No. leave	3.4 CITY-	\$1 - 7IP					
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NAME				becen	52 NAME				អម្រិច	FT) MODITION	
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14 Lda barak	ou postitu tirot	the information cumplic		de 100 au al au a a a a a a a	Education and a second		dia Continu 440 07(0)(i) Florid Co				

I do hereby cartify 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 trusted 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.