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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000086776** (9)

Principal Place 401 GOLDEN IS 813 HALLANDALE FI	BLES DR.	Mailin 401 G 313	g Address OLDEN ISLES DR. NOALE FL 330097:									
US	L 33,00	US	HUNGE PE BOUGH	J1.J				Date Incorporated or Qualifie		ate of Last 102/1996		
2. Principal Pl	ace of flusiness	2a. M:	ailing Address			·		FEI Number	UZ		Applied For	
21		26	,g				"	65-0562264			Not Applicable	
Suite Apt. (年 , 610	⊢ –¬	Suite, Apt #, etc.				5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State)	***	ty & State			· · · · · · · · · · · · · · · · · · ·	6.	Election Campaign Financing	9	\$5.0	May Be	
23		28		T				Trust Fund Contribution			d to Fees	
Zη. 24]	Country 25	29 29)	30	ritry			This corporation has liability Florida Statutes		e tax under □ No	s. 199.032,	
7.1	9. Name and Address of Currer		d Agent	1901				Name and Address of New				
	ENBLATT, STEPHEN				61	Name						
401 (APT	Golden Isles DR 313				82	Street Addre	ess (P.O. Box Number is Not Acceptable)					
HALL	ANDALE FL 33009				83							
					B4	City				85 Zip	o Code	
	o the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the oblig					·			FL	. ` `		
12. Htt	Signature, typica or printed name of registered age OFFICERS AN			13.		ent signature require		DDITIONS/CHANGES TO O	DATE FFICERS AN	D DIRECTO		
NAME STREET ADDRESS	USNAINSKY, PETER 753 N. POWERLINE ROAD			1.2 N		ADDRESS						
C-Tr - S1 - ZiP	DEERFIELD BEACH FL					T-ZIP						
1171 E	ODECNIDI ATT OTEQUEN		DELETE	2.1 T	TLE					Change	Additio	
NAME STREET ADDRESS	GREENBLATT, STEPHEN 401 GOLDEN ISLES DR., SUIT	E#313		2 2 N 2.3 S		ADDRESS						
CHY-\$1-76	HALLANOALE FL					ST - ZIP				,		
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NAMI STREET ADDRESS				32 N		ADDRESS						
C-TY - ST - ZiP						ST-ZIP						
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NAME				4 21		ĺ						
STREET ADORESS				•		ADDRESS						
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NAME			- Pecelit	5.1 I						m Alenda	LI AGORIO	
STREET ADDRESS						ADORESS						
CATY - ST - ZIP						IT-ZIP						
TORF			DELETE	6.1 1	TLE					Change	Additio	
NAME				6.2 N	AME							
STREET APORESS				6.3 S	TREET	ADDRESS						
CitY-S1 7-2	by certify that the information supplic	ed with the a	iling does not a :	*****		II-7IP	Lin C-	tion 110 07/2V/I Flacida Ot-	tutoe 1 tout	ar portificat	at the	
information Lam an of	by centry that the information supplic in inclicated on this annual report or flicer or director of the corporation on In Block 12 or Block, 13 J. changed, c	supplements r the_receive	al annual report is er or trustee empo	true and wered to	accu	urate and that	my sig	nature shall have the same	legal effect a	is if made u	under oath; th	

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 1997. (954)

FILED

Apr 09 1997 8:00am

Secretary of State

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