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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

ANNU	CORPORATION ANNUAL REPORT 1997		Sandre B. A Secretary of DIVISION OF COL		of State		Secretary of State				
DOCUN 1. Corporation	MENT #	P94000 SOCIATES, INC		25 (6)			:				
Principal Place of Business 8273 SW 152 AVE		Mailing Address 8275 SW-132 AVE					Date Incorporated or Qualific	Report			
·	ace of Business 9 SW 176	Street		Address	176 Stree		FEI Number 65-0550594	1 04		pplied For ot Applicable	
Suite, Apt.				Apt. #, etc.			- Certificate of Status Desired		\$8.75	Additional equired	
City & State	i, FL		City &	State iami, FL	1	-	Election Campaign Financing Trust Fund Contribution	, D	\$5.00	May Be to Fees	
Zip 24 3318	7-179225	ountry USA		87-17923	Country DUSA		This corporation has liability Florida Statutes	Yes	X No	i. 1 9 9.032,	
CRE	9. Name and A ECH, JOHN C	ddress of Current	Registered A	gent	81 Name	10). Name and Address of New	Registered	Agent		
11. Pursuant I	to the provisions o	f Sections 607.0502 r bolb: in the State of discount the obligat	and 607.1508 f Florida. Suc ions of Section	3, Florida Statutes, h change was aut	83 B4 City Milati	ni,	(P.O. Box Number is Not Accel W 176 Street ion submits this statement for the board of directors. I hereby accel ion submits this statement for the board of directors. I hereby accel ion submits this statement for the board of directors.	FL		Code 179	
SIGNATURE	Los	d rame of registered agen	Bu	ph	leg-stered Agent signature re	enuired wi	en reinstalina)	April	29,	1997	
12.		OFFICERS AND			13.	oquito in	ADDITIONS/CHANGES TO OF				
NAME STREET ADDRESS CITY-ST-ZIP	CREECH, JOH 8275 SW 152 MIAMI FL 881	AVE-#411		☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		19 SW 176 Stre mi, FL 33187		XX Change	Addition	
TITLE NAME STREET ADURESS	D WILDER, LIND -8275 GW-152 -MIAMI FL-831	A S AVE #411	***************************************	DELETE	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS	147	19 SW 176 Str	eet	** Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILLIAM TE GOT		•	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS	MTC	mi, FL 33167	-1/32	Change	Addition	
CITY ST-ZIP THE NAME STREET ADDRESS			A STATE OF THE STA	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				Change	☐ Addition	
THEF NAME STREET ADDRESS OTY: ST- ZIP				DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP				Change	Addition	
informatio	n indicated on this fricer or director of	annual report or su	pplemental ar he receiver or	nnual report is true Trustee empower	and accurate and t	that my	Section 119.07(3)(i), Florida Sta signature shall have the same I required by Chapter 607, Florid	legal effect a	s if made ur	nder oath; that I	

FILED

May 16 1997 8:00am

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