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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

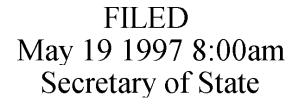
DOCUMENT #

P94000087986 ROOMS FOR LESS-FORT LAUDERDALE INC.

Principal Place of Business

Mailing Address

BANKS ROAD 11 57





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24 33 063 25 U.S.A. 28 33 063 30 U.S.A. Florida Statutes Yes Mino 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name Name	23 MAF	RGATIS FLURIDA	28 MARGATIS	FLORIDA		'
8. Name and Address of Current Registered Agent 10	Zip			L	8. This corporation has liability for intangible to	ax under s. 199.032,
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MARK SO MN TIST BANKS ROAD MARCATIS FL 33063 11. Pursuant to the provisions of Sections 807 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607, 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent at familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes, SIGNATURE VARK CASSITT OFFICERS AND DIRECTORS 12. MOLE Repeated Agent signature registed when reliabilities 12. OFFICERS AND DIRECTORS 13. SIRECT ADDRESS 14. ST BANKS CASSITT 12. NAME 12. NAME 13. SIRECT ADDRESS 14. ST BANKS CASSITT 14. DIRECTORS 14. DIRECTORS 14. DIRECTORS 14. DIRECTORS 14. DIRECTORS 15. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 16. DAMP 17. DAMP 18. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 19. DAMP 19. DELETE 19.				81 Name	MARE CLECKTY	
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City-St-Zip 64City-St-Zip 7.7. 64 City-St-Zip			(A. A. A. A. B.)			

minimator indicated on this annual report or supplemental annual report is true and accurate and mat my signature shall have 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:

Market Cascisto UITMARK CASCIST