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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name P94000093719 (0)

Principal Plac	HWY BAY C-2	Mailing Address				
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060					3. Date Incorporated or Qualified	3a. Date of Last Report
					12/27/1994	02/15/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
1 26					65-0547754	Not Applicable
Suite Apt # etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<u>7</u> ιρ	Country	Ζιρ	Country		8. This corporation has liability for	
4	25	29	30		Florida Statutes	Yes No
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	egistered Agent
MiM	iis, Bradley J		81	Name		
1631 S. DIXIE HWY., BAY C-2			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)
POMPANO BEACH FL 33060				·	,	
			83			
			84	City		85 Zip Code
						FL 65 25 Code
Pursuan!	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida State Le of Florida, Such change was	utes, the above- a authorized by t	named corp he coroorat	oration submits this statement for the ion's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
agent La	im familiar with, and accept the obli	gations of Section 607,0505, I	Florida Statutes.	no corporat	ione scale of all colors, riplically acco	2 0
SIGNATURE	Signature Typed or printed marker delegistered a					3~&-Y7
		gent and title if applicable (NO ND DIRECTORS	OTE Registered Agent	riuper esulanga		DATE (
12.	T	ND DIRECTORS DELETE	13. 11 TITLE		ADDITIONS/CHANGES TO OFFI	Change Addition
	O DADIEV I	C) titlet	1.2 NAME	1		Life Grangs Life Francisco
NAME	MIMS, BRADLEY J		1.2 NAME 1.3 STREET A	DORFEE		
STREET AUDRESS	5380 N.E. 21ST ROAD	ıa		1		
CITY-ST-ZIF	FORT LAUDERDALE FL 3330	DELETE	1.4 CITY - ST - 2.1 TITLE	ZIP		Change Addition
TELE NAME	D MINE MONETE		2.2 NAME			
	MIMS, MICHELE J 5380 N.E. 21ST ROAD		2.3 SYREET A	nnpecé		
STREET ADDRESS	1	ı a	1	1		
CHY-SI-ZIF TITLE	FORT LAUDERDALE FL 3330	DELETE	2. 4 CITY-ST 3.1 TITLE	- 214		Change Addition
NAME			3.2 NAME	ļ		
STREET ADDRESS			3.3 STREET A	NDRESS		
			3.4. CITY - ST	l		
DITY: ST-ZiP TITLE		DELETE	4.1 TITLE			Change Addition
NAMÉ	!	—	4.2 NAME	{		•
STREET ADDRESS			4.3 STREET A	DORESS		
CITY - ST - ZIP			4.4 CITY-ST-	1		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET A	DORESS		
City-St 7IP			54 CITY-ST-	1		
Tille		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME)		
STREET ADORESS			6.3 STREET A	DDRESS		
			6.4 CITY-ST-	1		
CITY - ST - 7/P						

14. Ido hereby certily 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 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.

FILED

Mar 12 1997 8:00am

Secretary of State