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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Jun 06 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000094141 (6)

HEINRICH GORDON HARGROVE WEIHE & JAMES, P.A.

Principal Place of Business Mailing Address  500 E. BROWARD BLVD. 500 E. BROWARD BLVD. SUITE 1000 SUITE 1000 FORT LAUDERDALE FL 33394 5002										
Total Englishment is 44444							3. Date Inc. 12/28/	orporated or Qualified	3a. Date of La: 04/29/199	
2. 21	Principal Place of Business			2a, Mailing Address 26	<del></del>			ber 541803	Applied For Not Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.	F-3			te of Status Desired		5 Additional Required
23	City & Stat	e		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24	Zip		Country 25	Zip 29	30 Coun	try	Florida S		]Yes □ No	er s. 199.032,
		9, Name	and Address of Curren	it Registered Agent		<u>,</u>	10, Name a	nd Address of New Re	gistered Agent	
		rgrove, j			1	Name				
		e. <b>B</b> row <i>i</i> Te 1000	NRD BLVD.		ī	32 Street Ad	ddress (P.O. Box I	Number is Not Acceptab	ile)	
	FORT LAUDERDALE FL 33394				Ī	33				
-					1	14 City			<b></b> 85 2	Zip Code
			1	1		'			FLII	·
11. Pursuant to the provisions of Sections 697 1502 and 647 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent or both, if the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.										ng its registered
agent. I am familiar with and account the obligation of, Section 607.0505, Florida Statutes.										
SI	GNATURE	F. Company	1-0		Ste Division		quired when re-nstating)		0.127	
Signature, type or printed name of Jostered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS					.71E: Hegislered .	Ageni signature re-		IS/CHANGES TO OFFIC	DATE ERS AND DIRECT	TORS IN 12
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STA	REET ADDRESS		ROWARD BLVD.		2.3 STR	EE1 ADDRESS				
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TIT	.E			DELETE	6.1 TITL				☐ Chan	ge Addition
NAME					6.2 NAM	E				
e re	CET ADDRESS				6.9.670	CL ADDOCCC				<b>!</b>

14. I do hereby certify that the information supplied with this filling 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 repect 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 coelever of trustee phopowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapted, or only attachment with an address.