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

FILED May 14 1997 8:00am Secretary of State

DOCUM	MENT # 7950000							
1. Cerporalien	bouthgate Mille	ooek, Inc.						
	_							
Principa! Place]						
10265 N.W. 53rd Street P.O. Box 77 2035								
Sunrice	e, FL. 33351	Coral Spri	ngs, FL	•				
		33077-20	১ ১১	· · · · · · · · · · · · · · · · · · ·	JANUARY 3, 1995	P/86/14		
_2, Principa Plai 21	ipa Place of Business 2a. Mailing Address 25				4. FEI Number 65-054653		plied For at Applicable	1
Soite, Apt. #.					5. Certificate of Status Desired	\$8.75 A	Additional	
Orty & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zιρ	Country	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Current F	29 Registered Agent	30		Florida Statutes Yes 10. Name and Address of New Registered			
FlizAl	beth Jimenez		81	Name				
					oss (P.O. Box Number is Not Acceptable)			1
0-1 5-1-1 22N 5						***************************************		
C)100	· Oblindal I tri or		83					
				City	F.	85 Zip C		
11. Pursuant to	the provisions of Sections 607,0502 a	ind 607,1508, Florida Statu Florida: Such change was	tes, the above-r	named corporation	pration submits this statement for the purpose con's board of directors. I hereby accept the ap	of changing its	s registered	
agent Lam	familiar with, and accept the obligation	ons of, Section 607.0505, F	or da Statutes.		are course or an octoin. Thereby accept the ap	political Que	rogisto-co	
S'GNATURE 1	is also typed or ported have of registered agent a	with the if applicable (NO	TE Registered Agent	signal re require	c when renstating) DATE			
12.	OFFICERS AND I		13.	Digital Services	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12	(G
TI!!!		DELETE	1 1 TITLE	19		Change	Addition	(96/6)
HAME			1.2 NAME	Lu	his Jimenez Apt 107			8
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1111		☐ OELETE	2.1 TITLE 2.2 NAME		S/T	Change	☐ Addition	`
NAM: STREET ADORESS			2.2 NAME 2.3 STREET AL	nocce E	lizabeth Jimenez			
CHA 21 %			2. 4 CITY-ST-		OUT NW OI AVE, 330	105	,	1
भार		DELETE	3.1 TITLE	<u></u>	old Spirids, Trisso	Change	Addition	l
NAME			3.2 NAME					
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CHY SI-Zi-			3.4. CITY - ST -	ZIP				
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Shert CALL 6855			5.3 STREET AL	IDRESS	1/60		1	
OBY 33 AR			5.4 CITY-ST	ł	~		ŀ	
110		OELETE	61 TITLE			☐ Change	Addition	
tg/Mg			6.2 NAME		00000021910	רוביו	:	
STREET ASSURESS			6.3 STREET AD	DDRESS	0000021910 -05/27/9701039 ***165,00	010		1
CITY St. 7:			6.4 CITY-ST-		***165.00			
14. no hereby information	certify that the information supplied will indicated on this armual report of sup-	vith this filing does not qual	ity for the exemitrue and accura	ption stated	in Section 119.07(3)(i), Florida Statutes. I furtherly signature shall have the same legal effect a	er certify that the	the dericath: that	

Land hereby definity that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), 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 annual feer 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME O

ED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Jimenez

4/28/97

(954) 346-032