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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500006098 (4)

VICKI & JERRY KOOTA, P.A.

Principal Place 1637 NW 100TH CORAL SPRING	H DRIVE	Mailing Address 1637 NW 100TH DRIVE CORAL SPRINGS FL 33071-5872								
					3. Date In 01/24	corporated or Qualified		e of Last Re 1/1996	port	
2. Principal Fi	lace of Business	2a. Mailing Address		···.	4. FEI Nui	mber	1 0010		plied For	
21		26			65-0561629				t Applicable	
Suite, Apt #, etc. 22		Suite, Apt. #, etc.			5. Certific	ate of Status Desired		\$8.75 A		
City & State		City & State			6. Election	n Campaign Financing		\$5.00	·	
23		28				und Contribution		Added to		
Zip	Country Zip		Country			rporation has liability fo	r intangible t	ax under s.	199.032,	
24	25 9. Name and Address of Curren	29 t Registered Agent	30			Statutes and Address of New F		No gent		
FAR	MER, DANIEL R	· · · · · · · · · · · · · · · · · · ·	8	1 Name A						
	NO. FEDERAL HIGHWAY STE. D	1	-	DA	くしょう	16 +A16	NEVE			
HOLLYWOOD FL 33020			8	2 Street Add	S (P. C) BOX	Number is Not Accepta	ES april			
****			8	3						
			8	4 City 11	UYWa			85 Zip 0	Code	
44 Dureuput	to the provisions of Sections 607.050	2 and 607 1508 Florida Stal	tutes the abo				FL.	<u>, , , , , , , , , , , , , , , , , , , </u>	クラク s registered	
SIGNATURE	egistered agent, or both, in the State in families with, and accept the obligation Signature, typed in practical care of log stendage OFFICERS AND	nt and title if approxable (N			ired when reinstating	2/19	97 DATE			
12. 101.F	PD	DELETE	11 TITLE		ADDITIC	MS/CHANGES TO OFF	ICENS AND	Change	Addition	
NAME	KOOTA, VICKI		1.2 NAM	1.2 NAME						
STREET ADDRESS	1637 NW 100TH DRIVE		1.3 STREET ADDRESS							
CHY+ST-Ziff	CORAL SPRINGS FL 33071		14 CITY	14 CITY-ST-ZIP			···,····			
THLE	VD DELETE		2 1 TITLE				·	Change	Addition	
NAME	KOOTA, JERRY		22 NAM							
STREET ADDRESS	1637 NW 100TH DRIVE CORAL SPRINGS FL 33071			ET ADDRESS						
CITY - S1 - Z4P TITLE	CONAL SPHINGS 7 L 33071	DELETE	2. 4 CH V	'-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition	
NAME			3.2 NAM				,			
STREET ADDRESS			` I	ET ADDRESS						
CITY - \$1 - 7IP			3,4. CI1Y	r-ST-ZIP						
THE		DELETE	4.1 TITLE					Change	☐ Addition	
NAVE			4. 2 NAN	1E						
STREET ADDRESS			4.3 STRE	ET ADDRESS						
CITY-\$1-70P		Derete		- ST - ZIP				Change	Addition	
TIMÉ		☐ DELETE	5.1 TITLE	i			ı	Change	Addition	
NAME CONTILLATIONS CO			5.2 NAM							
STREET ADDRESS				-ST-ZIP						
City-ST-20P Title		DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAM	1						
STREET ADDRESS				ET ADDRESS						
C11Y - S1 - 24P				-ST-ZIP	•					

14. I do hereby certify 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 131 changed, or on a attention with an address.

2/19/97

954-345-0140

FILED

Feb 25 1997 8:00am

Secretary of State