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 # P95000012279 (2) LAW OFFICE OF RICHARD B. SABRA, P.A.

FILED							
Apr 25 1997 8:00am							
Secretary of State							

Principal Plac	e of Business	Mailing Address			BOIR! (IDIO)18)	
4601 SHERIDAN ST.		4601 SHERIDAN ST.			}	
808 HOLLYWOOD FL 83021		208 HOLLYWOOD FL 33021-3434				
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report	
					02/10/1995	05/01/1996
	lace of Business	2a. Mailing Address		4. FLI Number	Applied For	
21		26			65-0556453	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	7ip 29	7ip Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes D No	
	9. Name and Address of Curre		1901		10. Name and Address of New Re	
SAB	RA, RICHARD B		81	Name		
	1 SHERIDAN STREET		82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)
HOL	LYWOOD FL 33021	· · · · · · · · · · · · · · · · · · ·		on our ride	Too (.o. box rownsa, to row rocepted	107
			83			
			84	City		85 Zip Code
dd Durana	to the provisions of Continue CO7 CV	00 007 1000 (1 01-1	60 45			FL B 2 P Code
I Office or i	registered agont, or both, in the Stat	e of Florida. Such change was a	authorized by	/ the corpora	poration submits this statement for the pation's board of directors. I hereby accep	orpose of changing its registered of the appointment as registered
1	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statutes	S.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NO1	E: Registered Apo	ont signature requ	uired when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.	<u></u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE			Change Addition
NAME	SABRA, RICHARD B	•••	1.2 NAME	1		
STREET ADDRESS	4601 SHERIDAN ST., SUITE :	208	1.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	Destr	1.4 CITY - S	1 - ZIP		
TITLE		[_] DELETE	2.1 TITLE			Change Addition
NAME STREET ADDRESS	•		2 2 NAME	ADDDSOO		
:CITY-ST-ZIP			2.3 STREET 2.4 CHY-5			
TITLE		DELFTE	3.1 TillE	51 - 21		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STACE1	ADDRESS		
CITY-ST-ZIP			3.4. CiTY-S	ST-7/P		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		T or cre	4.4 CITY - S	T-ZIP		
TITLE		DELETE	5.1 TITLE			L Change Addition
STREET ADDRESS			5.2 NAME	ADDDEGO		
[5.3 STREET	ĺ		
CITY-ST-ZIP		DELETE	5.4 City-S 6.1 Title	1 - TIL.		Change Addition
NAME		_	6.2 NAME			
STREET ADDRESS			63 S1RFF1	ADDRESS		

14. I do hereby certify that the information supplied with this king 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that a non-florer or director of the corporation of the receiper 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, of on an attrachment with an address.

SIGNATURE.

CITY-ST-ZIP

4/2157