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 # P95000015522 (2)

Principal Place of Business Mailing Address B82 HAFTEZ ST P.O. BOX 10361 PALM BAY FL 32907 US									
; 						3. Date incorporated or Qualified 02/24/1995	1	ite of Last F 31/1996	Report
'	2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For Not Applicable		
Suite, Apt.	#. etc.	26 Suite, Apt. #, etc.	Suite. Ant # etc			59-3308835	S8 75 Additional		
22 City & Stat	., 2	h	27			5. Certificate of Status Desired		7 - · · -	tequired
OIG G DIA	е	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28	T	-		Trust Fund Contribution		Added	to Fees
Zip 24	Country	Zip	· ——-			8. This corporation has liability for in		tax under s ∐ No	s. 199.032,
24	25 9. Name and Address of Curr	29 rent Registered Agent	30	γ		Florida Statutes 10. Name and Address of New Reg			
ALIF	RILAWYER			81	Name		,		
	ALMERIA AVE.			82	Stroot Add	oce (D.O. Poy Number in Met Accorde	10)		
	VAL GABLES FL 33134			02	Sileet Addre	et Address (P.O. Box Number is Not Acceptable)			
				83					
·				84	City			85 Zip	Code
					.	poration submits this statement for the pi	FL		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered		11. Registere 13.	d Age		ion's board of directors. I horeby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
NAME STREET ADDRESS	882 HAFTEZ ST		1.2 N. 1.3 S		ADDRESS				
CITY-ST-ZIP	PALM BAY FL			1.4 CHY-ST-ZIP					
TITLE		DELETE 2.1		117LE				☐ Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP		Distac		CITY-ST-ZIP				T Chance	Addition
TITLE NAME		☐ DELETE	3.1 TI 3.2 N					Change	Addition
STREET ADDRESS					ADDRESS		*57		
CITY-ST-ZIP					ST-ZIP				
TITLE		DELETE	4.1 71					Change	Addition
NAME			4.2 N	IAME	}				
STREET ADDRESS			4.3 B	THEET	ADDRESS				
CITY-ST-ZIP			4.4 D	1Y-S	ST - ZIP				
TITLE		☐ DELETE	5.1 70	11.6				Change	Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CHY-S1-ZIP				Change	Addition
TITLE		□] butte	6.1 TI						FT YOUROU
NAME STREET ADDRESS :			62 N		ADDRESS				
			1		ADDRESS 61-2IP				
14. I do here!	by certify that the information supp	lied with this filing does not pua				In Section 119.07(3)(i). Florida Statutes	s. I further	cortify that	t the
14. I do herel informatio I am an o	on indicated on this annual report of	or supplemental annual report is or the receiver or trustee empo	lify for the true and a wered to r	exe	emption stated urate and that	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal I as required by Chapter 607, Florida St	l effect as	if made ur	nder oath; th

FILED

May 12 1997 8:00am

Secretary of State