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

POCUMENT # P95000022885 (4)

CHURCHILL ENTERPRISES, INC.					
Principal Place of Business 10400 GRIFFIN ROAD SUITE 210 COOPER CITY FL 33328		Mailing Address 10400 GRIFFIN ROAD SUITE 210 COOPER CITY FL 33328-3399		4	
				3. Date Incorporated or Qualified 03/21/1995	3a. Date of Last Report 05/01/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21]		26		65-0568628	Not Applicable
== Suite, Apt ≠ TLT	i, (:lt)	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		26		Trust Fund Contribution	Added to Fees
	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032, Yes □ No
24	25 9. Name and Address of Curre	29 29 Agent	[30]	Florida Statutes 10. Name and Address of New Fe	
		,, ,,,, , T.,	81 Name		3
	Liamson, r ober t <i>Victor</i> 30 Griffin Road	5) 7	W ₀	LLIANSON, VICTORIA ress (P.O. Box Number is Not Acceptate	
	E 210		82 Street Addi	400 GRIFFIN ROAD	ne)
	PER CITY FL 33328		83		
			84 City	uite 210	85 Zip Code
			' N	COPERCITY, FL	FL 35328
11. Pursuant b	o the provisions of Sections 607.09	502 and 607 1508, Florida State of Florida, Such change wa	itutes, the above-named corp is authorized by the corporal	poration submits this statement for the plion's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
agent. Lar	n familiar with and accept the obli	gations of Gection 687.0505.	Florida Statutes.	2),,,	100
SIGNATURE .	Lectour .	Milliams	\sim	3/14	DATE
12.	Signal of type is on prode transmit of registration of a	PROBLECTORS	NOTE flagistored Applyt signature requi	ADDITIONS/CHANGES TO OFFICE	
TITLE	ST	DELETE	1.1 TITLE		Change Addition
NAME	WILLIAMSON, ROBERT		1.2 NAME		
STHEET ACCURESS:	10400 GRIFFIN ROAD SUITE	210	1.3 STREET ADDRESS		
Catrist zip	COOPER CITY FL 33328		1.4 CITY-ST-ZIP		
THEE	P	☐ DELFIE	2 1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, VICTORIA	- 010	2 2 NAME		
STREET ADDRESS	10400 GRIFFIN ROAD SUITE COOPER CITY FL 33328	210	2 3 STREET ADDRESS 2 4 City-St-Zip		
CITA- 21 Air.	COUPEN CITT IL 35320	DELETE	3 1 TITLE		Change Addition
NAME		•	32 NAME		<u> </u>
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIP			3.4. CITY+ST-ZIP		
DICE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS:			4.3 STREET ADDRESS		
COY - \$1 - 240		D pr. rir	4.4 CITY - ST - ZIP		Change Addition
TOLE		☐ DELETE	5.1 TITLE		C Change C Addition
NUMBER OF STREET			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			54 CHTY - ST - ZIP		
Cify+ST-7iP TiftE		DELETE	61 TITLE		Change Addition
NAMÉ			6.2 NAME		
STREET ADURESS			6.3 STREET ADDRESS		
City-St-ZiP			6.4 CITY - ST - ZIP		
14. Edo heret	by certify that the information supplies indicated on this appeal of the second or the	lied with this filing does not questional report	ualify for the exemption state	ed in Section 119.07(3)(i), Florida Statuti at my signature shall have the same leg	es. I further certify that the all effect as if made under oath: that
Lamar, o	in Praise and on this arman report of freer or director of the corporation in Black 12 or Block 13 if changed	or the receiver or trustee em-	nowered to execute this repo	ort as required by Chapter 607, Florida	Statutes; and that my name

SIGNATURE:

FILED

Mar 21 1997 8:00am

Secretary of State