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PROFIT CORPORATION ANNUAL REPORT

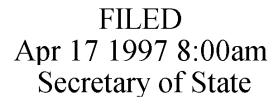


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000023059 (5)



Principal Place of Business Mailing Address 2560 N.W. 103RD AVENUE 2560 N.W. 103RD AVENUE BLDG. 193. SUITE 309 SUNRISE FL 33322 SUNRISE FL 33322-8846					·					
						3. Date Incorporated or Qualified 03/22/1995		te of Last Re 1/1996	eport	
├ ─┐ '	Place of Business	2a. Mailing Address	 —			4. FEI Number		X Ap	plied For	
Suite, Ap	it.# etc	Suite. Apt. #, etc.	Suite, Apt. #, etc.			65-0568460		\$8.75 A	t Applicable	1
22		27	ļ			5. Certificate of Status Desired		Fee Re		
City & St.	ale	City & State				6. Election Campaign Financing	<u> </u>	\$5.00		1
Z ip	Country	28 Zip	· • · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution	<u> </u>	Added t	·	-
24	25	29	30	ı ili y		8. This corporation has liability for Florida Statutes	intangible i		. 199.032,	
	9. Name and Address of Curre		1001			10. Name and Address of New Re]
	NSKY, ADELL			81 1	Vame]
2560 N.W.103RD AVENUE				B2 S	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)	<u> </u>		1
	.DG. 193, SUITE 309 JNRIS E FL 33322			83			·			┨
}	MINIO E I E 300EE									1
					City		FL		Code	
SIGNATURE	Stgmature, typical or pointed harne of registered a	gent and title if appt cable (NO	TE: Registered			oration submits this statement for the on's board of directors. I hereby acce ad when reinstating)	DATE			
12.		ND DIRECTORS	13.		 -	ADDITIONS/CHANGES TO OFFICE	CERS AND			- 8
10.6	D ANNORY ADELL	MINORY ADELL		1.1 TITLE				Change	Addition	Įĝ
NAME	DEAD MINE 400DD AVE CHITE	900 RIDG 103	•	1.2 NAME 1.3 STREET ADDRESS						18
STREET ADDRESS	SUNRISE FL 33322	. 309, DEDG. 183								ļ
CITY-ST-ZIP	DELETE			CITY-ST-ZIP TITLE				Change	Addition	16
NAME			2.2 NA						_	
STREET ADDRESS	s	2		2.3 STREET ADDRESS						
CITY - ST - ZIP				2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE 311			1			☐ Change	Addition	
NAME	·			3 2 NAME 3 3 STREET ADDRESS						
STREET ADORESS					· · · · · · · · · · · · · · · · · · ·					
CITY-S1-7:P				3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition	-
NAME		- • •		IAME	1					}
STREET ADDRESS	s			FREET AD	IDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP						
TITLE	7,11	☐ DELETE	5 1 TI	TLE				Change	Addition	
NAME			52 N	AME						
SERFET ADDRES	s		5.3 S	TREET AD	DRESS					}
CITY - S1 - 70°		T 051555		TY-ST-	ZIP			F 1 6	- 1 A T (10)	4
TITLE		☐ DELETE				•		Change	Addition	
NAME			6.2 N							-
STREET ADDRESS				TREET AC	i i					
C(TY+S1 2)P			6.4 C	TY-ST-	ZIP					7

14. I do hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

A dell Minsky

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