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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000027639 (0) 1. Corporation Name

FILED
May 01 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address  4822 N.W. 96TH DRIVE 4822 N.W. 96TH DRIVE CORAL SPRINGS FL 33076-2618				**************************************				
					3. Date Incorporated or Qualified	3a. Date of		port
2 Principal I	Flace of Business	2a. Mailing Address		·····	04/03/1995 4. FE Number	05/01/		plied For
21	TRUSC OF FRANCIS	26			65-0578675			t Applicable
Suite, Apt	t #, etc	Suite, Apt. #, etc	). ·		5. Certificate of Status Desired	1 1 7	8.75 A	Additional
22] City & Sta	ile	City & State	····		6 Flooting Compoler Flooring	··		<del></del>
23	•••	28			6. Election Campaign Financing Trust Fund Contribution		5.00 Added t	
Ζφ	Country	Zip	Cou	ntry	8. This corporation has liability for			
24	25	29	30	·		Yes N		
	9, Name and Address of Curre	ent Registered Agent	<del></del>	81 Name	10. Name and Address of New Ro	egistered Ager	11	
KATZ, ROBERT 4822 N.W. 96TH DRIVE CORAL SPRINGS FL 33076					ress (P.O. Box Number is Not Accepta	ble)		
		•		64 City	·	FL 85	Zip (	Code
office or	registered agent, or both, in the Stal am familiar with, and accept the obli- Standare typed or profited name of registered a	le of Florida. Such change gations of, Section 607,050	was authorized 05, Florida Stat	d by the coroora	poration submits this statement for the tition's board of directors. I hereby acce ired when reinstahng)	pt the appointm	nent as	registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONO/OUTAMORO TO OFFI	OFFICE AND DIE	ECTOR	S IN 12
TILLE	l D				ADDITIONS/CHANGES TO OFFI			
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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 supplied mental 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 corporations to 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, by on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2597 (954) 735.803