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 # P95000029235 (5)

Principal Place 9761 N.W. 23R CORAL SPRIN	TERNATIONAL, INC.	Mailing Address 9761 N.W. 23RD COUI CORAL SPRINGS FL 3				
				3. Date incorporated or Qualified 04/10/1995	3a. Date of Last Report 04/25/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0569194	Not Applicable \$8.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required		
City & State		City & State		Election Campaign Financing \$5.00 May Be		
23		28	7 6	Trust Fund Contribution L. Added to Fees		
Zıp	Country 25	Zip 29	Country 30	8. This corporation has liability for i	intangible tax under s. 199.032, Yes No	
24		29 of Current Registered Agent	30	10. Name and Address of New Re		
DAL	JGHERTY, LISA		81 Name			
9761 N.W. 23RD COURT CORAL SPRINGS FL 33065			B2 Street Add			
			83			
			84 City		FL 85 Zip Code	
office or agent. I a	registered agent, or both, in am familiar with, and accept	the obligations of, Section 607.0505	adules, tile above in a neu co yas authorized by the corpor o, Florida Statutes. (NOTE: Registered Agent signature req	rporation submits this statement for the pation's board of directors. I hereby acceptions thereby acceptions with the statement of the patients of the statement of the statemen	of the appointment as registered	
12.	<u> </u>	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	DAUGHERTY, LISA		1.2 NAME			
STREET ADDRESS	9761 NW 23RD COURT CORAL SPRINGS FL	il .	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	COPAL OF MINOS IL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME		_	2.2 NAME		-	
STREET ADDRESS			2.3 STREET ADORESS			
CITY - ST - ZIP			2. 4 CITY - ST - ZIP		,	
TITLE		☐ DELETE	i i		Change Addition	
NAME DIDITE ADDRESS	}		3.2 NAME			
STREET ADDRESS CITY-ST-ZIP			3 3 STREET ADDRESS 3.4. CITY - ST - ZIP			
TITLE		DELETE			Change Addition	
NAME			4. 2 NAME		• • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4 4 CITY - ST - ZIP			
TITLE		☐ DELETE			Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition	
TITLE			61 TITLE 62 NAME		C Audulie C MONION	
NAME STREET ADDRESS			6.3 STREET ADDRESS			
STREET MUDIC 55	1		0.0 STREET MUDICOS			

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 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.

FILED

Feb 13 1997 8:00am

Secretary of State