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 # P95000032261 (6)

FPS HOLDING COMPANY

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Mailing Address

FILED Feb 03 1997 8:00am Secretary of State



21234 NORTHWEST 18TH COURT NORTH MIAMI BEACH FL 33179			21234 NORTHWEST 19TH COURT NORTH MIAMI BEACH FL 33179-1515								
						04/25/1995 02/1			ate of Last Report /15/1996		
	Place of Business	2a. Mailing Address				4. FEI Number			oplied For		
21		26				APPLIED FOR			ot Applicable		
Suite, Apt.	#. etc.	Suite. Apt. #, etc.				5. Certificate of Status Desired		\$8,75 / Fee Re	Additional equired		
City & Stat	le	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Ζφ 24	Country 25	Zip 29	Countr 30	ry			Yes	_] No	. 199.032,		
	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered /	lgent			
CHI	ernofsky, pilar		8	1	Name .						
21234 NE 19TH COURT NORTH MIAMI BEACH FL 33127			8:	2	Street Addre	Address (P.O. Box Number is Not Acceptable)					
			8	3							
•			8	4	City		FL	85 Zip	Code		
office or	registered agent, or both, in the St am familiar with, and accept the ob- Signature, typed or printed name of regioned	ate of Florida. Such change wa digations of, Section 607.0505,	s authorized t Florida Statut	by es.	the corporati	oration submits this statement for the pion's board of directors. I hereby accepted when reinstating)	ot the app	ointment as	registered		
12.		AND DIRECTORS	13.	·B·	n and management	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12		
TITLE	PSTD	DELETE	1,1 TITLE					Change	☐ Addition		
NAME	CHERNOFSKY, PILAR		1.2 NAM8		İ	•		-			
STREET ADDRESS	21234 NE 19TH COURT		1,3 STRE		ADDRESS			•			
City - ST - ZIP	NORTH MIAMI BEACH FL		1.4 CiTY		i i						
THILE		DELETE	2.1 TITLE	٠.		· · · · · · · · · · · · · · · · · · ·	······	Change	Addition		
NAME			2.2 NAME	Ε							
STREET ADDRESS			2.3 STRE		ADDRESS .						
CITY-SI-7IP			2 4 CITY		1		5.75	•			
TitlE		DELETE	3 1 TITLE		,			Change	Addition		
NAME			3 2 NAMI	E	- 1	•					
STREET ADDRESS			33 STRE	ET #	ADDRESS						
CITY-ST-7P			3.4. CITY	/- SI	T-ZIP		•				
TITLE		☐ DELETE	4.1 THTLE					Change	Addition		
NAME			4. 2 NAM	1E	Ì						
STREET ADDRESS			4.3 STRE	ET #	address						
CITY-ST-ZIP			4.4 CITY								
TITLE		DELETE	5.1 TITLE					Change	Addition		
NAME			5.2 NAMI					/1	ſ		
STREET ADDRESS					ADDRESS			113	2/2		
CITY-ST-ZIP			5.4 CITY					`	47		
TITLE		DELETE	6.1 TITLE	•••••				Change	Addition		
NAME			6.2 NAM			40000207	[65]	54			
STREET ADDRESS					ADDRESS	40000207 -02/04/97010	240	48			
PITY OF 710			6.4 CITY		l	***165.00					

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.

SIGNATURE: