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 # P95000034082 (4)

FILED Apr 09 1997 8:00am Secretary of State

	NAY	Mailing Address 1881 NE 26TH ST SUITE 212 WILTON MANORS FL 333	05-1400			
				3. Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report 05/02/1996	
	N.E. 17th way	2a. Mailing Address 26 P. O. Box	24152	4. FEI Number 65-0586806	Applied For Not Applicable	
Suite, Apt		Suite, Apl. #, etc.	<u>~ 116 </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State) 1 1-1	City & State	- 1- 51	6. Election Campaign Financing	\$5.00 May Be	
Ζφ	Lay DERDOLE FL	アタフラのフェ	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees r intangible tax under s. 199.032,	
24 3336	9. Name and Address of Current	Registered Agent	30 BROWGE	D Florida Statutes 10. Name and Address of New R	Yes No	
PORTERFIELD, ROBERT E JR 1881 NE 26TH ST SUITE 212 WILTON MANORS FL 33305 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes.			83 84 City	82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City For LayDERDA/E FL 85 Zip Code 333305 The shove named corrogation submits this statement for the purpose of changing its registered.		
agent. I a	egistred agent, or born, in the state on familiar with, and accept the obligat Styric re-typed or pooled name of registered agent OFFICERS AND	and the if applicable (NO	rice Programme Agent signature re	ration's board of directors. I hereby acce quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
TITLE NAME STREET ADDRÉSS	PS Porterfield, Robert E 1881 ne 26th St, Ste 212	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	1712 N.E. 1716 For Langeroale	Change Addition	
DETY-ST-ZIP TITUE NAME STREET ADDRESS	WILTON MANORS FL 33305	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Foer LanderDale	Change Addition	
CITY-ST-ZIP TITLE NAME STREST ADDRESS		☐ DELETE	2. 4 CHY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition	
CHY-ST-ZIF TITLE NAME STREELADDRESS		☐ DELETE	3.4 CITY-ST-ZIP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		[_] DELETE	4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.4 DITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition	

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 undicated 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 other 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 12 or on an attachment with an address.

SIGNATURE:

1-97

954) 568-5424

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