## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 POCUMENT # P9500035636 (6)

## FILED Apr 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  2919 CORAL SHORES DRIVE FT. LAUDERDALE FL 33306  Principal Place of Business Mailing Address  2919 CORAL SHORES DRIVE FT. LAUDERDALE FL 33306-1257								
					3. Date Incorporated or Qualifie		ate of Last f	Report
2 Principal I	lace of Business	2a. Mailing Address			05/08/1995 4. FEI Number	06/	14/1996	
21 - FINCIPAL /	lace or Business	26			APPLIED FOR 64	05860	42   A	pplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desired			equired
City & Sta	te	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00	May Be
23		28	<del></del>		Trust Fund Contribution			to Fees
Zφ	Country	Zip	Count	ry	8. This corporation has liability f			s. 1 <b>9</b> 9.032,
24	9. Name and Address of Curre	129 and Agent	30		Florida Statutes  10. Name and Address of New		No Agent	<del></del>
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	olding, sheldon 1 n.w. 3rd avenue e		Ľ	1,000				
	ITE 300		8:	2 Street Add	fress (P.O. Box Number is Not Accep	table)		
	LAUDERDALE FL 33301		8	3			***************************************	
	Drobertories ve occor		-				<del></del>	
			8	4 City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	tes, the abo	ve-named corp	poration submits this statement for th		changing	ts registered
	registered agent, or both, in the State							registered i
office or agent. La	am familiar with, and accept the oblig	ations of, Section 607.0505, Fi	autnorizeo t orida Statuti	by the corpora	ition's board of directors. I hereby acc	cept the app	omment as	riogicicioa
	am familiar with, and accept the oblig	ations of, Section 607.0505, Fi	autnorized t orida Statuti	by the corporal	poration submits this statement for th tion's board of directors. I hereby acc	cept the app	omment as	, rogicio ca
SIGNATURE	Signature, typed or pented name of registered ag	ent and title if applicable (NOT	E Registered A		ilred when rainstating)	DATE		
SIGNATURE	Signature, typed or penties name of registered ag	ent and lifter Lapplicable (NOT	TE Registered A	geni signature requi		DATE	DIRECTO	RS IN 12
SIGNATURE 12.	Signature, typed or pented name of registered ag OFFICERS AN	ent and title if applicable (NOT	13.	geni signature requi	ilred when rainstating)	DATE		
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4. I do hereby certify that the figuration 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 adjust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; the lam an officer or directly of the corporation or the receiver of trustee an appears in Block 12 or Block 3 it changed or on an attachment with an orderes.

SIGNATURE:

COLAN THUKSON, PRES.

4/5/97

954-733-2833

0262004