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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500036037 (6)

Principal Place of Business Mailing Address 2958 MEDINAH FORT LAUDERDALE FL 33326 FORT LAUDERDALE FL 33332-1840										
						3	Date Incorporated or Qualified		ate of Last R	eport
			Mine Address				05/08/1995 J. FEI Number	U0/	01/1996	
2. Principal i	Place of Business		ailing Address			1	APPLIED FOR			oplied For ot Applicable
Suite, Apt.	# etc	26 Si	Suite, Apt. #, etc.				ALI LILO I OII		\$8.75	
22			27			6	Certificate of Status Desired		Fee Re	
City & Sta	le		City & State			6	. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added 1	
Zip	Country	Zi	р	Count	ry] €	3. This corporation has liability for			. 199.032
24	25 29 29 9. Name and Address of Current Registered Agent		30	30		Florida Statutes Yes Yes 10. Name and Address of New Registered Agent				
		Current Hegisten	ea Agent	8	1 Name). Name and Adureus of New M	gistered .	Agent	
	STIGAN, JOSEPH F			1_				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2958 MEDINAH FORT LAUDERDALE FL 33326					2 Street	Address	dress (P.O. Box Number is Not Acceptable)			
FUNI ENUMERONALE PE 33320					3		······································			
				_						
		,		8	4 City		•	FL	65 Zip t	Code
agent I a	Stgriature, typed or printed name of leg	-	nplicable (NO	Iorida Statut			ion submits this statement for the place board of directors. I hereby acce	DATE		
TITLE	PD		DELETE	1.1 TITLE		1			Change	Addition
NAME	COSTIGAN, JOSEPH F			1.2 NAM	E	1				
STREET ADDRESS	2958 MEDINAH			1.3 STRE	ET ADDRESS	1				
CITY-ST-7/P	FORT LAUDERDALE FL	. 33326		1.4 CITY	-ST-ZIP					
TITLE			☐ DELETE	2 1 TITLE					Change	Addition
NAME				2.2 NAM						
STREET ADDRESS				1	et address			• .*		
CITY - ST - ZIF			DELETE	2 4 0(1)		 			Change	Addition
NAME			E PELLIC	3.1 TITLE 3.2 NAM		1			Unally Co	- radition
STREET ADORESS					et address					
CITY-ST ZIP				3.4. CITY						
TITLE			DELETE	4.1 1111.0		-			☐ Change	Addition
NAME				4. 2 NAN		1				
STREET ADDRESS				4.3 STRE	ET ADDRESS	:	٠ ٨	1		
CITY - ST - ZIP				4.4 CITY	-ST-ZIP	1	MNLU	7		
TITLE			DELETE	5.1 TITLE			1/4/2		☐ Change	Addition
NAME				5.2 NAM	E		Y , N			
STREET ADDRESS				5.3 STRE	ET ADDRESS	1	Ŋ			
CITY - ST - ZIP					-ST-ZIP	 			110	1 1 2 2 2 2 2
TITLE			☐ DELETE	6.1 TITE			90000219 -05/28/97010	333		Addition
NAME				6.2 NAM			-05/28/97010	600	26 ⁻	
STREET ADDRESS	1			6.3 STRE	ET ADDRESS	1	###165 DD	=		

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 arrival report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 technique, or or an all account with an address.