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 # P95000041131 (0)

FILED

JUI -7 PM 1-22

Principal Place of Business Mailing Address 1361 SUNSET STRIP SUNRISE FL 33313 Mailing Address 1361 SUNSET STRIP SUNRISE FL 33313-6111										
							3. Date Incorporated or Qualified 05/24/1995		e of Last R 9/1996	eport
2. Principal P	lace of Business	20.	2a. Mailing Address				4. FEI Number		Ar	plied For
Suite And # oto		26					65-0583051 Not Applicable \$8.75 Additional			
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	9		City & State				6. Election Campaign Financing		\$5.00	<u> </u>
23		28					Trust Fund Contribution		Added	
Zip			Zip				8. This corporation has liability for i			. 199.032,
24	25	29		30				Yes K	"	
	9. Name and Address of Cur	rent Regist	ered Agent		-		10. Name and Address of New Re	gistered A	gent	
ANGLIN, ASTON W					B1	Name				
	N.W. 47TH AVENUE		82 Street Adde			Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
LAU	DERDALE LAKES FL 33319				83					
					0.3					
2.3					84	City		FL	85 Zip (Code
office or no agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob-	oligations of,	Section 607.0505, F	lorida Sta	tutes	S.	poration submits this statement for the plan is board of directors. I heroby accepted when reinstating)	DATE	intment as	registered
12.	OFFICERS	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
TITLE	PTD		DELETE	1.1 T	HLE				Change	Additio
NAME	ANGLIN, ASTON W			1.2 N	IAME		7000022	341	177	3
STREET ADDRESS	15\$0 N.W. 47TH AVE.			1.3 S	TREET	ADDRESS	-07/09/:			
CITY-ST-ZIP	LAUDERHILL FL 33313			_		T - ZIP	***±16	5.00 ,	****1f	
TITLE	VSD HAN C		☐ DELETE	2.1 T				ι	Change	Addition
NAME	CARTER, IAN S 217 N.W. 42ND TERRACE			2.2 N						
STREET ADORESS	PLANTATION FL 33317					ADDRESS				
CITY-ST-ZIP	TOTAL MINIOR PERSON		DELETE	2. 4 t		ST-ZIP		7	Change	Additio
NAME				3.2 N		-				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE	<u></u>		DELETE	4.1 1					Change	Addition
NAME				4.21	NAME					
STREET ADDRESS						ADDRESS				
CITY-SP-ZIP				4.4 0	ITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 T	ITLE				Change	Modition
NAME				5.2 N	IAME			ρ	W) 6.	\ JU_
STREET ADDRESS				5.3 S	TREET	ADDRESS		Ý	$\mathcal{Y}_{\mathcal{N}}$, *
CITY-ST-ZIP				_		T-ZIP				
TITLE			DELETE	6.1 T	ITLE			Į	Change	Addition Addition
NAME				6.2 N	IAME					
STREET ADDRESS				6.3 S	TREET	ADDRESS				
CITY-ST-ZIP				6.4 0	ITY-S	T - ZIP				

14. Ido 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 Chapte 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Aston W. Anglin, President