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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P9500004	4270 ((3)

FILED May 01 1997 8:00am Secretary of State

FLORIDA TAX CERTIFICATES, INC. Frincipa: Place of Business Mailing Address 1160 N.E. 177TH TERRACE NORTH MIAMI BEACH FL 33162 Mailing Address 1180 N.E. 177TH TERRACE NORTH MIAMI BEACH FL 33162-1281								
					3. Date Incorporated or Qualified 06/08/1995		te of Last F	Report
. Principa'	Place of Business	2a. Mailing Address			4. FEI Number 65-0585501			pplied For
Suite, Ap	t. #, etc	Suite, Apt. #, etc.	***************************************		5. Certificate of Status Desired		\$8.75	ot Applicable Additional
City & St	on value	City & State						equired
Ony & an	att):	28 28 State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Count	lry	8. This corporation has liability for			s. 19 9.032,
	25 9. Name and Address of Cur	29 rent Registered Agent	30		Florida Statutes 10. Name and Address of New R	Yes Legistered A		· · · · · · · · · · · · · · · · · · ·
	CORPORATION SYSTEM		8	Name				
	00 SOUTH PINE ISLAND ROAD)	8	2 Street Add	Iress (P.O. Box Number is Not Accepta	ible)	·····	
M	ANTATION FL 33324		8	13				
			8	14 City			85 Zip	Code
1 Pursuar	nt to the provisions of Sections 607 (0502 and 607 1508. Florida Stati	ites the abo	ve-named cor	poration submits this statement for the	FL purpose of	changing (its remistered
	l am familiar with, and accept the or				allori 5 bodi 6 or directions. Thereby doct			-
IGNATURE	Chinal are typed or printed navigal ingistered	agent and title if applicable (NC	TE: Registered A		poration submits this statement for the ation's board of directors. I hereby accention with the statement of	DATE		
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IGNATUR ę 2. 11: w:	D ASHTON, NANCY	Fagent and title if applicable (NC AND DIRECTORS	TE: Registered A 13. 1.1 TITUE	Agent signature requi E	ilred when reinstating!	DATE ICERS AND	DIRECTOR	RS IN 12
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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 or larm 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.

Daytime Phone #

0221533