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Sandra B. Mortham

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PROFIT CORPORATION ANNUAL REPORT 1997		RT		S a Divisi	FLORIDA DEPARTMENT OF S Sandra B. Mortham Secretary of State DIVISION OF CORPORATION			
	MENT # Name OUP SERVI	# P950(ces, inc.	00044	4752	(0)			
Principal Place of Business 10252 NW 47TH STREET SUNRISE FL 33351 US			Mailing Address 10252 NW 47 STREET SUNRISE FL 33351-7967 US					
2. Principal P	lace of Busine	SS	2a. 26	Mailing Addr	oss			
Suite, Apt City & Stat			27	Suite, Apt. #. City & State	etc.			
Zip	2	Country 5	28	Zip	···	30	Countr	
NEV	9. Name a VMAN, PHIL	nd Address of Cu	rrent Regis	lered Agent			8	
201	11 NE 23 CC	DURT					8	
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FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business 10252 NW 47TH STREET SUNRISE FL 33351 US		10252 NW SUNRISE (Mailing Address 10252 NW 47 STREET SUNRISE FL 33351-7967 US							
		00				3. Date Incorporated or Qualified 06/09/1995		e of Last f 5/1996	Report	
2. Principal P	lace of Business	2a. Mailing	g Address			4. FEI Number	~ ~ ~ ·	A	pplied For	
21		26				APPLIED FOR 65 - 0	111 586	27 ∐ №	lot Applicable	
Suite, Apt.	#, etc.	Suite,	Apt. #. etc.			5. Certificate of Status Desired			Additional	
22		27							lequired	
City & State	ө	City &	State			6. Election Campaign Financing	r		May Be	
23		28	··	т		Trust Fund Contribution	<u> </u>		to Fees	
Zip	Country	Zip		Count	У	8. This corporation has liability for i			s. 199.032,	
24	25 25 Name and Address of Cur	[29]		30				No		
NE		tent negistered A	geni	8	1 Name	10. Name and Address of New Re	gistered A	gent		
	VMAN, PHIL			ا	T NOTE:					
	11 NE 23 COURT			8	2 Street A	ddress (P.O. Box Number is Not Acceptab	le)			
MIA	MI FL 33181			8	<u> </u>					
				•	3					
				8	4 City			85 Zip	Code	
							<u>FL</u>	ــــــــــــــــــــــــــــــــــــــ		
office or r	egistered agent, or both, in the St. m familiar with, and accept the ob	ate of Horida, Sucl	li change was	authorized b	ov the corpo	orporation submits this statement for the p oration's board of directors. I hereby accep	of the appo	ntment as	registered	
SIGNATURE	Signature typed or printed name of registered	some and the diapole al		II. Browtoned A	cutil Signature to	equired when reinstating)	DATE	•		
12.		AND DIRECTORS	7. (140.	13.	gran ingranier in	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	D		DELETE	1.1 TITLE				Change	Addition	
NAME	RUSE, DONNA			1,2 NAMI						
STREET ADDRESS	2168 N.E. 123RD ST.				ET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI FL 33181			14 GBY	i					
TITLE	D		DELETE	2 1 1171.6				Change	Addition	
NAME	NEWMAN, PHIL		_	22 NAMI	1		_		_	
STREET ADDRESS	20111 NE 23 COURT			1	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL			2.5 GIL						
TITLE			DELETE	3.1 TITLE				Change	Addition	
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STREET ADDRESS					ET ADDRESS					
CITY-ST-2IP				3.3.3 THE	i					
TITLE			DELE1E	4 1 111LF			I	Change	Addition	
NAME			_	4 2 NAM			•			
STREET ADDRESS				1	E1 ADDRESS					
CITY-ST-ZIP				4.4 CITY						
TITLE	<u> </u>		DELETE	5.1 TITLE				Change	Addition	
NAME				5.2 NAME			·			
STREET ADDRESS				1	T ADDRESS					
				5.4 CITY-						
CITY-ST-ZIP TITLE			DELETE	6 1 TITLE			Т	Change	Addition	
NAME			the Court	62 NAME			L			
					- 1					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP			 	6.4 CrTY	ST-ZIP					

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the adminust report is true and accurate and that my signature shall have the same legal effect as if made under oath; that by or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name them that an address. non nereoy certify that the information supplied with this fill information indicated on this annual repert) or supply mental I am an officer or director of the corporation or the leceive appears in Block 12 or Block 13 if change, of any in alanguage. u/2/1/97 (959) NI -5972