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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## May 15 1997 8:00am Secretary of State

**FILED** 

| Principal Place of Business  Mailing Address  12801 WEST SUNRISE. STORE #869 SUNRISE FL  Mailing Address  12801 WEST SUNRISE. STORE #869 SUNRISE FL  |   |  |   |                                       |   |                                      |   |  |
|--|---|--|---|---------------------------------------|---|--------------------------------------|---|--|
|  |   |  | 3. Date Incorporate 06/13/1995                                  | ed or Qualified                       | 3a. Date of 05/01/1   |                                      | port  |  |
| . Principal Place of Business<br>12801 W. SUNIUSE BLUP   | 26. Mailing Address<br>26 12801 W SU                                      | UNICE BLU  | 65-0591870  | 1                                     |   | <b>————</b>                          | plied For<br>I Applicable                   |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |  | 5. Certificate of Sta   | · · · · · · · · · · · · · · · · · · · | □ \$ <sup>1</sup>   | 8.75 A                               | dditional                                   |  |
| # 943<br>City & State oc C   | 27 # 943<br>City & State  | 1  | 6. Election Campa   | ign Financing                         |   | Fee Re                               | ·   |  |
| SOURISE F L  Zip Country   | 28 SUNIUSE, F   | Country  | Trust Fund Cont  8. This corporation                            |                                       |   | Added to                             |   |  |
| 33323 25   |   | 30   | Florida Statutes  |                                       | Yes No  | 0                                    | 199.032,                                    |  |
| 9. Name and Address of Curre<br>ARIE MREJEN, P.A.  | nt Registered Agent   | 81 Name ∧  | 10. Name and Add  |                                       | istered Ager  | <u>nt</u>                            | ······································      |  |
| 8360 W. OAKLAND PARK BLVD., ST   | E. 307  | 81 Name A  |   |                                       | (6)   | ·                                    |   |  |
| SUNRISE FL 33351   |   | ONE  |   | Is Not Ecceptable                     |   | Sur                                  | TE  |  |
|  |   | 83 HOI   | w cypress   | cheek                                 | ROAD  | 30                                   | 2   |  |
|  |   | B4 CIT   | LAUD  |                                       | FL 85   | 33                                   | 8   |  |
| <ol> <li>Pursuant to the provisions of Sections 607.050<br/>office or registered agent or both, in the State<br/>agent I am familiar with, and accopt the oblig</li> </ol>   | 02 and 607.1508, Florida Statutes   | s, the above-named co  | orporation submits this sta                                     | atement for the pu                    | urpose of cha   | nging its                            | registered                                  |  |
|  |   | thorized by the come   | vation's board of directors                                     | 1 haraby accord                       | t the annainte  | mont be i                            |   |  |
| agent I am familiar with, and accept the oblig   | gations of Section 607.0505 Flori   | thorized by the corpo<br>ida Statyles  | pration's board of directors                                    | s. I hereby accept                    | t the appoints  | nent as i                            | regisierea                                  |  |
| IGNATURE ARIE MILLIEU  | V.H.  | othorized by the corpoida Statyles  Registered Agent signature re  | <u> </u>  | s. Thereby accept                     | t the appointmant of the state | nent as                              | registered                                  |  |
| ARIE MILLEU Signature: Synd or present rame of registered ag  2. OFFICERS AN   | P.H., pent and title if applicable.  ND DIRECTORS                         | M WW L<br>Registered Agent signature re  | <u> </u>  | 4/                                    | DATE ERS AND DIF  | RECTOR                               | S IN 12                                     |  |
| ARIE MILLEU Signature, Synd or presen rame of registered ag  OFFICERS AN   | pent and title if applicable.   | Registered Agent signature re 13.  | Coulted when reinstating)                                       | 4/                                    | DATE ERS AND DIF  | )                                    | S IN 12                                     |  |
| ARIE MULLEU Signature, Syand or present name of registered ag  2. OFFICERS AN  ILE D  DAHAMAN, ELANA   | P.H., pent and title if applicable.  ND DIRECTORS                         | M WW L<br>Registered Agent signature re  | Coulted when reinstating)                                       | 4/                                    | DATE ERS AND DIF  | RECTOR                               | S IN 12                                     |  |
| ACIE MULLEU Signature, Spend or perateo rame of registered ag  2. OFFICERS AN  ILE D  DAHAMAN, ELANA  1881 N.W. 105TH AVE.  PLANTATION FL 33322  | P. A. Spirit and title of applicable. (NAPTE: ND DIRECTORS DELETE         | Registered Agent signature re 13. 1.1 TITLE 1.2 NAME   | Coulted when reinstating)                                       | 4/                                    | DATE ERS AND DIF  | )<br>RECTOR<br>Change                | S IN 12<br>Addition                         |  |
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| ARIE MULLEU Signature, typind or privace rains of registered ag  2. OFFICERS AN  D  DAHAMAN, ELANA  1881 N.W. 105TH AVE.  PLANTATION FL 33322  D  COHEN, SCOTT R  2400 N.W. 118TH TERRACE  | P. A.  pont and title of applicable.  ND DIRECTORS  DELETE                | Registered Agent signature re  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS  | A PH squired when reinstating) ADDITIONS/CHA ADDITIONS/CHA COTT | R<br>DOUVE                            | DATE PROPERTY OF THE PROPERTY | )<br>RECTOR<br>Change                | S IN 12<br>Addition                         |  |
| ARIE MILLE Signature: Synd or present name of registered ag  2. OFFICERS AN  D DAHAMAN, ELANA 1881 N.W. 105TH AVE. PLANTATION FL 33322  D COHEN, SCOTT R 2400 N.W. 118TH TERRACE CORAL SPRINGS FL 33085  | P. A. Spirit and title of applicable. (NAPTE: ND DIRECTORS DELETE         | Registered Agent signature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST- ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST- ZIP  3.1 TITLE   | ADDITIONS/CHA   | R<br>DOUVE                            | DATE PROPERTY OF THE PROPERTY | )<br>RECTOR<br>Change                | S IN 12 Addition                            |  |
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| ARIE MULLEU Signature: Typind or present rame of registered ag  2. OFFICERS AN  D  DAHAMAN, ELANA  1881 N.W. 105TH AVE. PLANTATION FL 33322  THE  AME  TY-ST-ZIP  THE  TY-ST-ZIP  THE  TY-ST-ZIP  COHEN, SCOTT R  2400 N.W. 118TH TERRACE  CORAL SPRINGS FL 33085  | P. A.  pont and title of applicable.  ND DIRECTORS  DELETE                | Registered Agent signature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  | A PH squired when reinstating) ADDITIONS/CHA ADDITIONS/CHA COTT | R<br>DOUVE                            | DATE PROPERTY OF THE PROPERTY | RECTOR:<br>Change                    | S IN 12 Addition                            |  |
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