PORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. FORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## **FILED** Aug 14 1997 8:00am Secretary of State

	1997	bivision of cc	JAPONATI	JN3			
DOCUMENT # P9500051650 (6) DAUGHERTY & ECKERT, P.A.					00 9 7/11/1		
						/(N 66)81 8118/ 118/8 81/81	410) 840 (48)
EUZABETH G. DOVGHENTY, PA.  Principal Place of Business Mailing Address							
			666				
1 FINANCIAL PLAZA STE 2626 1 FINANCIAL PLAZA STE 26 FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 3339					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	3a. Date of Last	Report
		•			06/29/1995	09/23/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0607857		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
22 City & Stat	6	City & State		6. Election Campaign Financing		0 May Be	
23	•	28		Trust Fund Contribution		d to Fees	
Zip				,	8. This corporation owes or has pa	aid the current year I	Intangible
24	25 29 30				Personal Property Tax due June		☐ No
	9. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Agent	
DAOGHERTI, ELIZABETTI G				Name			
1 FINANCIAL PLAZA STE 2626			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)	
FORT LAUDERDALE FL 33394			83				
			84	City		FL 85 Zr	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					oration submits this statement for the p		its registered
office or r ägent. I a	registered agent, or both, in the State of Im familiar with, and accept the obtigat	of Florida, Such change was aut tions of, Section 607.0505, Florid	thorized by da Statules	y the corporations.	on's board of directors. I hereby accep	pt the appointment a	is registered
SIGNATURE							ľ
	Signature, typed or printed name of registered agent			ant signature require		DA1E	
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	DAUGHERTY, ELIZABETH G		1.2 NAME			LI Onango	Addition
STREET ADDRESS	1 FINANCIAL PLAZA STE 2626		1.3 STREET ADDRESS				\ <u></u> };
CITY-ST-ZIP	FORT LAUDERDALE FL 33394		1.4 CITY-ST-ZIP				] }
TITLE	PD DELETE		2.1 TITLE			☐ Change	Addition
NAME	ECKERT, NANCY D		2.2 NAME				
STREET ADDRESS	1 FINANCIAL PLAZA STE 2626		2 3 STREET	ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33394		2 4 CITY- 5	ST - ZIP			
TITLE	L] DELETE		3.1 TITLE			Change	: LJ Addition
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STREET	j j			1
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 5 4.1 TITLE	S1 - ZIP		Change	Addition
NAME	1		4. 2 NAME			C.J. ontarigo	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	Į.			1
TITLE		DELETE	51 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS		•	5.3 STREE1	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	I - Z)P			
TITLE		☐ DELETE	6.1 TITLE	ŀ		☐ Change	Addition
NAME			6.2 NAME		4		
STREET ADDRESS			6.3 STREET	ADDRESS			

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 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 control or the receiver or trustee enfowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of Langed, or on an attachment with a address.