FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500063401 (0) PATRICIA A. FRIED, C.P.A., P.A.

Principal Place of Business								
14340 BEDFORD COURT								
FORT LAUDERDALE EL 33325								

SIGNATURE:

Mailing Address

PETALLIA DAME OF SIGNING OFFICER OF DIRECTOR

14340 BEDFORD COURT FORT LAUDERDALF FL 33325-1220

FILED Jan 16 1997 8:00am Secretary of State



Daytime Prone #

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PONT DAUDEN	IDALE PL 33323	FORT LAUDERDA	LE FL 93323-1220			· ·			
						3. Date Incorporated or Qualified 08/16/1995		e of Last Re 1/1996	eport
			Mailing Address			4. FEI Number			pplied For
1		26				65-0608428			t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #,	Suite. Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added t	
Ζip	Country	Zip	Cou	Country		8. This corporation has liability for			. 199.032,
4]	25	29	30	,			Yes 🔀		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Ro	gistered A	gent	
	ED, PATRICIA A			81	Name				
14340 BEDFORD COURT					82 Street Address (P.O. Box Number is Not Acceptable)				
FOF									
				83					
				84	Carr				Code
				04	City		FL	85 Zip (Joue
agent. La SIGNATURE	am familiar with, and accept the ob-	point			Lper endang a	red when reinstaling)	- J-C	17	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12
TiTLE	D	DI	ELETE 1.1 T	ITLE			T	Change	Addition
NAME	FRIED, PATRICIA A		1.2 N	vAME					
STREET ADDRESS	14340 BEDFORD COURT		1.3 S	TREET AC	DDRESS	N 1 1/0			
CITY - ST - ZIP	FORT LAUDERDALE FL 333	25	140	OTY-ST-	ZIP	NIA			
FILE	D	□ D8						Change	Addilio
NAME	FRIED, RICHARD I		22 N	NAME					
STREET ADDRESS	14340 BEDFORD COURT		235	STREET AL	DDRESS				
CrTY - ST - ZIP	FORT LAUDERDALE FL 333	25	2.4	CITY-ST-	- ZIP				
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NAME			3.2 M	IAME					
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CITY ST-ZIP			5.4 0	CITY-ST-	ZIP				
TILE		□ DE						Change	Additio
NAME			621	NAME					
STREET ADDRESS			635	STREET AL	DORESS				
CITY - ST - ZIP				OTY-ST-					
informati Lamlari	ion indicated on this annual report.	or supplemental annual r n or the receiver or truste	eport is true and e empowered to	accura	ate and tha	d in Section 119.07(3)(i), Florida Statut It my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as	if made un	ider oath; th