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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

## FILED Apr 14 1997 8:00am

Principal Place of 520 E-3	ist Prospect Idendale. 33	TO REIL	1608 16486R Mailing Ad							
520 E3 Ft. Lac Principal Pac 520	ist Prospect Idendale. 33	Rd. , FL	Mailing Ac	ddress			1			
520 E3 Ft. Lac Principal Pac 520	ist Prospect Idendale. 33	Rd.	Mailing Ac	ddress						
F+. L.S.L. 1. Principal Place 520	Nderdale. 39	, FL				<u></u>				
t. Principal Plac   520 i	33	, +-								
A		2001					3. Date incorporated or Qualified	3a Date o	I act R	poort
A		33 <sup>3</sup> 34							/ Last R	96
A	ic of Business Ellect Prosit	pet Rd	2a. Mailing	Address	Pros	PECT RD	4. FEI Number 65 -06 /2508		++	oplied For
				Apt #, etc.	103	pell ~ u		rn <b>\$</b>		t Applicable Additional
]			27	F)	····	·	5. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & State	oud Fl	• ,	28 F+			ar, FL	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
շր 1 <b>222</b> 2	Countr	ward	Zip	334	Co	Broward	8. This corporation has tiability for	intangible tax ] Yes		. 199.032,
3392	9. Name and Address		29  <i>22 2</i> Registered A	gent	[30]	777000376	Florida Statutes  10. Name and Address of New Re			
	1	11000	1.1			81 Name				
SZO EZST Prospect Road 82 Street Addi						ess (P.O. Box Number is Not Acceptable)				
	320 E	auder	colsola	Tr.		83				
	77.6	estaurr				84 City		15	e   7.n./	Code
				3334		<u> </u>		FL B	1	Code
office or reg agent. Fam f	stered agent, or boll familiar with and acc	h, iri tho₃State o	liflorida Such	i change was a	authoriza	ed by the corporat	oralion submits this statement for the plants board of directors. I hereby acce	pt the appointr	ment as	registered
SIGNATURE	typedicus abut rani	Of topoured age	applicable	lo (NOT	f Registe	ed Agent signature requir	ed when reinstating)	DATE	/ 7-	<i></i>
12.	RESIDENT	OFFICERS AND	DIRECTORS	DELETE	13	· TITLE	ADDITIONS/CHANGES TO OFF		RECTOR Change	S IN 12
					)	NAME			o i i i i i i	
	AUCE HAD 620 EAST					STREET ADDRESS				
TY-51 ZIP	FT. LAUDE	ROMB	FL	<i>33334</i>	1.4	CITY - ST - ZIP	***************************************		Change	Addition
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ily SI Zi <sup>2</sup>				Consta		CITY - ST - ZIP				
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1951 FACE 95 (5)						STREET ADDRESS				
38 SL (-				DELETE		CITY-ST-ZIP TITLE		<del></del>	Change	Addition
If A				LI DECOL		NAME	70000214 -04/15/970107 ***165,00	384	Mia ige	" " ∳
de Fragress						STREET ADDRESS	-04/15/970107	24045	1)	- 14 .
08 51 74						CITY - ST - ZIP	キホホIDン。UU 		7	W
4. I do hereby	certify that the inform	ration supplied	with this hing	does not quali	fy for the	e exemption stated	I in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further cer	tify that	ine for oath: that

FICER OR DIRECTOR

Daytime Phone I

Date