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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072545 (3)

DROZDOW FAMILY GP CORP.

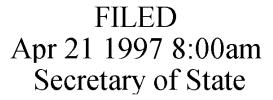
Principal Piace of Business

Mailing Address

590 GOLDEN BEACH DRIVE GOLDEN BEACH FL 33160

SIGNATURE:

590 GOLDEN BEACH DRIVE GOLDEN BEACH FL 33160-2245





0218822

						09/19/1995	04/25/1996			
2. Principal Pa	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0638619		—	Applied For Not Applicab		
Suite, Apt.	#. etc	Suite. Apt. #, etc.	<u> </u>			5. Certificate of Status Desired		\$8.7	5 Additional Required	
2 27 City & State 28						6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Žφ	Country	Zip	 	intry		8. This corporation has liability for			er s. 199.032,	
	25 9. Name and Address of Curr	ent Registered Agent	30	Γ		Florida Statutes 10. Name and Address of New Re		No		
DROZDOW, GILBERT 590 GOLDEN BEACH DRIVE GOLDEN BEACH FL 33160					Name					
					82 Street Address (P.O. Box Number is Not Acceptable)					
					83					
					City FL 85 Zip Code					
. Pursuant l	to the provisions of Sections 667.0	502 and 607 1508. Florida St	atutes, the a	pove	named cor	poration submits this statement for the p		changin	ig its registere	
office or n agent. La	egistered agent, or both, in the Sta m familiar with and accept the ob-	ite of Florida. Such change w ligations of, Section 607,0505	ras authorize , Florida Stat	d by lutes	the corpora i.	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appo	ointment	as registered	
GNATURE	JUN AM						4/17/	7	·····	
		agrint and line if applicable (AND DIRECTORS	NOTE Registere	d Age	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	ORS IN 12	
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re l	DROZDOW, GILBERT		1.2 N	AME) .					
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CITY - ST. ZIP	ov certify that the information supp	lied with this filing does not a	6.4 C	11Y-S	7 - 71P	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further	certify t	that the	

NAME OF SIGNING OFFICER OR DIRECTOR