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 # P95000075996 (5)

FILED Mar 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 12430 SOUTHWEST 20TH STREET 12430 SOUTHWEST 20TH STREET MIRAMAR FL 33027 MIRAMAR FL 33027-2521										
							3. Date Incorporated or Qualified 09/27/1995		ate of Las 09/1996	
2. Principal F	2. Principal Place of Business 2a. N			a. Mailing Address			4. FEI Number	Applied For		
21	# -1a	26 Suits As	ul di oto				65-0611543			Not Applicable
Suite, Apt	#, EtC	27 Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	de	City & St	ate	*****			6. Election Campaign Financing	· 	\$5.0	May Be
23		28					Trust Fund Contribution			d to Fees
7 1	Country	Zip		Count	ry		8. This corporation has liability for i			rs. 199.032,
24	25 9. Name and Address of Curre	29		30			Florida Statutes 10. Name and Address of New Reg	Yes 2		
	TTHEWS, JOHN P	em negleteren Age	e 11\$	8	1 N	ame	19. Hallin this woolds of 110M Da	R.O.A.D.	ryon.	***************************************
	ithews, John P 130 Southwest 20th Street	•						1-1		*******
MIRAMAR FL 33027				8	z S	ireet Addr	ess (P.O. Box Number is Not Acceptable)			
44(0)				8	3	***************************************				
				8	4 0	ity			85 Z	ip Code
						•	poration submits this statement for the pion's board of directors. I hereby accept	FL	.	•
SIGNATURE 12.	Stockhold typical or present uses of registered a OFFICERS A	ND DIRECTORS	(NOTE	Registered A		gnature requir	us when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECT	
NAME	MATTHEWS, JOHN P	L	" DECENE	1.2 NAM						
STREET LADORESS	ANADA COLITABATECT ANTH OT	TREET		1.3 STRE		RESS				
CITY - S1 - ZIP	MIRAMAR FL 33027			1.4 CITY	- ST- Z I	Р [
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NAME	MATTHEWS, MAVIS			2.2 NAM	E	ļ				
STREET ADDRESS		IHEEI		2.3 STRE						
CHTY - ST - ZIP	MIRAMAR FL 33027		DELETE	2.4 CITY 3.1 TITLE		IP		5, 1	Chang	e 🔲 Additio
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NAME				4. 2 NAM	ME.					
STREET ADDRESS				4.3 STRE	ET ADD	RESS				
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CITY-ST-ZIP				6.4 CiTY		į į				
(4)11-01-28	.1			0.4 0/11	-01-6	<u> </u>				

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

20 MAR 97 954 321-6711