' SECONÒ NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076683 (8)



97 OCT 17 AM 8: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Place of Business				Mailing Address				T SOME OF THE TREE DIRECT SOUR BOTH SOLID SOLUTION OF THE STREET STREET STREET SOLUTIONS OF THE STREET STREET SOLUTIONS OF THE STREET STREET STREET SOLUTIONS OF THE STREET STREE	H	
17721 NORTHWEST 14TH PLACE MIAMI FL 33169				17721 NORTHWEST 14TH PLACE MIAMI FL 33169				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 3a, Date of Last Report		
2. Principal Place of Business				2a. Mailing Address				10/06/1995 08/06/1996 4. FEI Number 65-0632470 Applied F	Or .	
21	1400 0, 0401	1000	26	-¬				APPLIED FOR Not Applied		
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				— \$8.75 Addition		
22								Certificate of Status Desired Fee Required)	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	9	
23			28					Trust Fund Contribution L Added to Fees		
Zip		Country	├ ~¬	Zip		ıntry		B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	o Name	and Address of Cu	rrent Registe	ered Agent	30	1		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
wo	OLFE, RICH		g			81	Name	10. Helife and Madices of Heli Hegistered High		
						82				
. 20803 BISCAYNE BLVD. SUITE 200							Street Addi	ddress (P.O. Box Number is Not Acceptable)		
	ENTURA FI	33180				83	·-			
1		2 00 100								
						84	City	FL 85 Zip Code		
office or r	ogi ste red ag m fam iliar w	ions of Sections 607 pent, or both, in the S ith, and accept the o	State of Florida obligations of	Such change was Section 607.0505, F	authorize Iorida Stal	d by tutes	the corporat	orporation submits this statement for the purpose of changing its regist ration's board of directors. I hereby accept the appointment as register quired when reinstating) DATE	red	
12.	Signature, typec		AND DIREC		13.	u Age	ili sig latore reditil	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,	
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NAME	HICKS, MICHAEL					AME			ļ	
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NAME					6.2 N	AME			İ	
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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.