## 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 # P95000081221 (0)

## **FILED** Apr 15 1997 8:00am Secretary of State



Principal Place of Business  1820 S.W. 54 TERRACE PLANTATION FL 33317  P95000081221 (0)  Mailing Address  1620 S.W. 54 TERRACE PLANTATION FL 33317-6024			24		
					te of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. Fet Number	Applied For
21 .		26		65-0614744	Not Applicab
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
£2 City & State	~ <del></del>	City & State		D. Clarkley Converse Character	Fee Required
23	v	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for intangible	
24	25	29	30	Florida Statutes Yes	] No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered A	\gent
	LSTEIN, SAUNDRA		81 Name		
1620 S.W. 54 TERRACE			82 Street A	Address (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33317		83		<del></del>
¥ .					
			B4 City	FL	85 Zip Code
agent. I a	m raphiliar with, and accept the ob	oligations of, Section 607.0505, Fig	orida Statutes.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the apporation's	ointment as registered
ageni. I a SIGNATURE	M familiar with, and accept the ob Murrius Internation International Signature, typed or printed name of registered  OFFICERS A	agent and little if applicable (NOTI	authorized by the corporate Statutes.  E. Registered Agent signature  13.  1.1 TILLE	required when revistating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
agent. I a SIGNATURE	m familiar with, and accept the ob-	agent and little Papplicable (NOT	E Registered Agoril signature	required when rehistating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
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Agent. I a SIGNATURE  12.  TITLE NAME	Signature, typed or printed name of registered  OFFICERS A  P/S  PERLSTEIN, HARVEY	agent and little if applicable (NOTI	E Registered Agort signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	required when related the post of the post	DIRECTORS IN 12
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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 Statutos; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

954-584-2242