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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081366 (3)

Principal Plac 117A LUCY ST FLORIDA CITY		Mailing Address 117A LUCY ST. FLORIDA CITY FL 3303	4			 193 1 93 193 193 1 93 193		
					3. Date Incorporated or Qualified 10/23/1995	(e of Last R 9/1996	eport
- '	Place of Business	2a. Mailing Address			4. FEI Number			plied For
1	4 cho	Suite, Apt. #, etc.	···-		59-2391759			t Applicable
Suite, Apt.	#, etc	27 Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zip	Coun	try	8. This corporation has liability for			
	25	29	30			Yes 🗀		, , , , , , , , , , , , , , , , , , , ,
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New Re	gistered A	gent	
BLONSKY, JOSEPH				Name				
201 ALHAMBRA CIR., #1200 CORAL GABLES FL 33134				Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
				33				
			["	23				
			Ţ	34 City		FL	85 Zip (Code
		ligations of Section 607.0505.	Florida Statu	tes.	ation's board of directors. I hereby accep	ot the appo	intment as	rogisto ca
SIGNATURE	Signature, typical or printed name of registered				rporation submits this statement for the pation's board of directors. I hereby acceptions the patient of the pa	pt the appo	intment as	
	Signature, typied or printed name of registered	agent and lide if applicable (I				DATE DERS AND	DIRECTOR	IS IN 12
SIGNATURE 12.	Signature, 1991-d or printed name of registered OFFICERS A	agent and little if applicable (f	NOTE: Registered 13.	Agent signature req	ulred when rainslating)	DATE DERS AND		IS IN 12
2. IILF AME	Signature, spar-d or printed name of registered OFFICERS A D GOODWYN, DAVID	agent and lide if applicable (I	NOTE: Registered 13. 11 Titt	Agent signature requ E	ulred when rainslating)	DATE DERS AND	DIRECTOR	IS IN 12
2. BLF IAME TREET ADDRESS	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	agent and lide if applicable (I	13. 11 TITU 1.2 NAN 1.3 STR	Agent signature requ E AE EET ADDRESS	ulred when rainslating)	DATE DERS AND	DIRECTOR	IS IN 12
2. BLF IAME STREET ADDRESS STY-SY-ZIP	Signature, spar-d or printed name of registered OFFICERS A D GOODWYN, DAVID	Agent and little If applicable (1) AND DIRECTORS DELETE	13. 11 TITU 1.2 NAN 1.3 STR	Agent signature requ E AE EET ADDRESS (-ST-ZIP	ulred when rainslating)	DATE DERS AND	DIRECTOR Change	IS IN 12
2. HILF HAME STREET ADDRESS CITY-S*-ZIP HILE	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	agent and lide if applicable (I	13. 11 THU 1.2 NAN 1.3 SYR 1.4 CHT 2.1 FITU	Agent signature requ E AE EET ADDRESS (-ST-ZIP E	ulred when rainslating)	DATE DERS AND	DIRECTOR	IS IN 12
2. HEE HAME STREET ADDRESS SHY-ST-ZIP HEE	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	Agent and little If applicable (1) AND DIRECTORS DELETE	NOTE Registered 13. 11 THL 12 NAN 1.3 STA 1.4 CIT 2.1 THE	Agent signature requ E AE EET ADDRESS (-ST-ZIP E	ulred when rainslating)	DATE DERS AND	DIRECTOR Change	IS IN 12
12. HIGHE HAME STREET ADDRESS CITY-SY-ZIP HIGE HAME STREET ACCRESS	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	Agent and little If applicable (1) AND DIRECTORS DELETE	13. 11 TITU 12 NAN 1.3 STR 1.4 CIT 2.1 TITU 2.2 NAN 2.3 STR	Agent signature requires to the signature requires the signature requires to the signature requires the signature requ	ulred when rainslating)	DATE DERS AND	DIRECTOR Change	IS IN 12
2. HEE HAME STREET ADDRESS SHY-ST-ZIP HEE	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	Agent and little If applicable (1) AND DIRECTORS DELETE	13. 11 TITU 12 NAN 1.3 STR 1.4 CIT 2.1 TITU 2.2 NAN 2.3 STR	Agent signature requirements E AE EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP	ulred when rainslating)	DATE DERS AND	DIRECTOR Change	IS IN 12
2. BLE BAME STREET ADDRESS CITY-ST-ZIP BLE BAME STREET ADDRESS CITY-ST-ZIP BLE	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	agent and little II applicable (II AND DIRECTORS DELETE	NOTE Registered 13. 11 Titl 12 NAN 1.3 STR 1.4 CIT 2.1 TITL 22 NAN 23 STR 2.4 CIT	Agent signature requirements E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS	ulred when rainslating)	DATE DERS AND	DIRECTOR Change Change	IS IN 12 Addition Addition
2. JILE JIRE I ADDRESS JIY - ST - ZIP JILE JAME JAME JAME JAME JAME JAME JAME JAME JAME	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	agent and little II applicable (II AND DIRECTORS DELETE	NOTE Registered 13. 11 Titl 12 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	Agent signature requirements E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS	ulred when rainslating)	DATE DERS AND	DIRECTOR Change Change	IS IN 12 Addition Addition
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2. OUT THE TADDRESS ONLY ST. ZIP THE	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	agent and little II applicable (II AND DIRECTORS DELETE	NOTE Registered 13. 11 Titl 12 NAA 1.3 STR 1.4 CHT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CH 3.1 TITL 32 NAA 3.3 STR 3.4 CH 4.1 TITL	Agent signature requested and	ulred when rainslating)	DATE DERS AND	DIRECTOR Change Change	IS IN 12 Addition Addition
2. HILF HAME STREEL ADDRESS DITY-ST-ZIP HILE HAME STREEL ADDRESS DITY-ST-ZIP HILE HAME STREEL ADDRESS DITY-ST-ZIP HILE HAME HAME HAME HAME HAME HAME HAME HAM	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	AND DIRECTORS DELETE DELETE	13. 11 Titl 12 NAA 1.3 STR 2.1 TITL 22 NAA 23 STR 2.4 CIT 31 TITL 32 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA	Agent signature requested for the second signature	ulred when rainslating)	DATE DERS AND	DIRECTOR Change Change	IS IN 12 Addition Addition
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2. JULE JAME STREET ADDRESS DITY-ST-ZIP THE JAME STREET ADDRESS DITY-ST-ZIP JULE JAME STREET ADDRESS DITY-ST-ZIP HEL JAME STREET ADDRESS DITY-ST-ZIP HEL JAME STREET ADDRESS DITY-ST-ZIP	Signature, yaird or printed name of registered OFFICERS A D GOODWYN, DAVID 117A LUCY ST.	AND DIRECTORS DELETE DELETE DELETE	13. 11 Titl 12 NAA 1.3 STR 2.4 CIT 3.1 TITL 22 NAA 23 STR 2.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 4.4 CIT	Agent signature requested for the second signature	ulred when rainslating)	DATE DERS AND	DIRECTOR Change Change	S IN 12 Addition Addition Addition
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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 chapted, or on an attachment with an address.

64 CiTY-ST-ZIP

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CHTY - ST - ZIP

STREET ADDIRESS

CITY-ST- DP

TITLE

NAME

-04/23/97--0103 ***330.00

FILED

Apr 22 1997 8:00am

Secretary of State

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