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

PROFIT @ CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business  1500 CORDOVA ROAD SUITE 212 FT. LAUDERADLE FL 33316  POSCUMENT # P95000082264 (9)  Mairing Address  1500 CORDOVA ROAD SUITE 212 FT. LAUDERADLE FL 33316  FT. LAUDERADLE FL 33316-2190						
U\$		Me		3. Date Incorporated or Qualified	3a. Date of Last F	Report
O Dringing! D	Need of Business	l on Mailing Addition		10/26/1995 4. FEI Number	04/30/1996	
2. Principal Place of Business		26. Mailing Address 26. 1117 TANGELO ISLE		65-0620285	<del>  </del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, 20 2020		_ ¢2.75	Additional
22		27		5. Certificate of Status Desired	11 '	Required
City & State		City & State		6. Election Campaign Financing	, a — — — — — — — — — — — — — — — — — —	
23		28 FT LAUDERT		Trust Fund Contribution		to Fees
Zip	Country	2 33315	Country BRSWARD	8. This corporation has liability for	r intangible tax under s □ Yes □ No	s. 199.032,
24	25 9. Name and Address of Curren		0 10,000	Florida Statutes  10. Name and Address of New R		
TUC	KER, WILLIAM D ESQ.		81 Name			
	N.E. THIRD AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33304					
			83			
			84 City		85 Zip	Code
44 5	10.000.000	0 d 007 4500 Fts 14 Oct 4		TOTAL TO REAL TO THE TAX A	FL   FL	
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was au	i, the above-named corp thorized by the corporati	oration submits this statement for the lon's board of directors. I hereby acce	purpose of changing i ept the appointment as	its registered   s registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607,0505, Flori	da Statutes.			
SIGNATURE	Signature, typod or printed name of registered ago	or and title if explicable (NOT)	Registered Agent signature require	ad when reinstating)	DATE	
12,	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI		RS IN 12
TITLE	PVST	DELETE	1.1 TITLE		☐ Change	Addition
NAME	BRADY, EDWARD P JR		1.2 NAME			
STREET ADDRESS	1117 TANGELO ISLE		1.3 STREET ADDRESS			ļ
CITY-ST-ZIP	FT. LAUDERDALE FL 33315-16		1.4 C(1Y - ST - Z(P			
TITLE	D DADY FOWADD D ID	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME ATOSST ADDRESS	BRADY, EDWARD P JR 1117 TANGELO ISLE		2.2 NAME			}
STREET ADDRESS	FT. LAUDERDALE FL 33315-16	180 180	23 STREET ADDRESS			
CITY-ST-ZIP TITLE	11. DADDENDALE 12 GOOTS TO	☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME		_	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - S1 - ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	•		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change	[ ] Addition
TITLE NAME		□ DECEIC	5.1 TITLE 5.2 NAME		□ Civalige	F*1 WOOMING
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 DHY-S1-ZIP			
TITLE		DELETE	61 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			)
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
<ol> <li>I do herel informatio</li> </ol>	by certify that the information supplied on indicated on this annual report or s	d with this filing does not qualify applemental annual report is true	for the exemption stated e and accurate and that	In Section 119.07(3)(i), Florida Statut my signature shall have the same log	es. I further cortify that all effect as if made ur	I the nder eath: that
I am an o	fficer of director of the corneration or	the receiver or trustee empower on an adjustment with an addre	red to execute this report	as required by Chapter 607, Florida	Statutes; and that my	namo