## 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 # P95000083619 (3)

	ce of Business	Mailing Address			)
TAMARAC FL 33321 TAMARAC FL 33321-1807					
İ				3. Date Incorporated or Qualified 10/27/1995	3a. Date of Last Report 05/01/1996
2. Principal	Place of Business	2a. Malling Address		4. FEI Number	Applied For
21		26		65-0618956	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25]		30	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032, Yes X No
	9. Name and Address of Curre			10. Name and Address of New Ro	
	IGER, EARL L		61 Name		
	)2 NW 82ND ST.		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
TAN	MARAC FL 33321		83		
l I			[63]		
			84 City		FL 85 Zip Code
11. Pursuant office or agent. I:	Ent Aun			poration submits this statement for the tion's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
12.	Signative Typic dioriprinted name of registering ag	ont and title if applicable. (NOTE ID DIRECTORS	Ragistered Agent signature requi	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE
TOPLE	DPST	DELETE	1.1 YITLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAM:	SINGER, EARL L	<del></del>	1.2 NAME		
STREET ADDRESS	AMAG ARAY GANID AT		1.3 STREET ADDRESS		1
CHY-S1-7IP	TAMARAC FL 33321		1.4 CITY-ST-ZIP		ſ
THTLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		ĺ
STREET ADDRESS			2.3 STREET ADDRESS		·
CHTY S1-ZiF		TT. C.C.	2. 4 CITY-ST-ZIP		
1014		☐ DELETE	3.1 TITLE		Change    Addition
NAME Object as online	}		3.2 NAME		;
STREET ADORESS			3.3 STREET ADDRESS		
CiTY-ST-7/P		☐ DELETE	3.4. CITY+ST-ZIP 4.1 TITLE		Change Addition
NAME			1		CT change CT volution
STREET ADDRESS			4. 2 NAME		
CHY-ST 2P			4.3 STREET ADDRESS 4.4 City - St- Zip		
Tifth	····	☐ DELETE	51 TITLE		Change Addition
NAME		-	5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	·	Change Addition
NAME	1		6.2 NAME		
STREET ADDRESS	}		6.3 STREET ADDRESS		1
C(TY+S1-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat or 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 13 if changed, or on an attachment with an address.

SIGNATURE:

HEOURED MAYURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 11 1997 8:00am

Secretary of State