SECOND 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

Jul 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

YÖHAM	TOWERS												
Principal Place of Business Mailing Address										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • • • • • • • • • • • •	
6301 SUNSET DRIVE S MIAMI FL 33143				6301 SUNSET DRIVE S Miami Fl 33143									
US			Ĺ	IS					DO NOT	WRITE IN	≀THIS S	PACE	
L									3. Date Incorporated or Qua 11/09/1995	lified		te of Last R 09/1996	leport
2. Principal P		2a. Mailing Address				4. FEI Number 59-1424114				oplied For			
21 Sulte, Apt.	[20]	Suite, Apt. #, etc.							\$8.75	ol Applicable Additional			
22				27				5. Certificate of Status Desir	∌d L	<u> </u>		equired	
City & State				City & State				6. Election Campaign Finance Trust Fund Contribution	ing [\$5.00 Added		
Zip 24				Zip Co			1		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
		and Address of C	urrent Regis	stered Agent			7		10. Name and Address of N	ew Regis	stered A	igent	
		NECTION, INC.				81	Na	arne					
417 E. VIRGINIA STREET SUITE 1							St	reet Addr	ess (P.O. Box Number is Not Ac	ceptable))		
TALLAHASSEE FL 32301							├						
]						84	Ci					85 Zip	Code
								•			FL		
11. Pursuant to office or reagent. I a	to the provis egi ste red ag m fam iliar wi	sions of Sections 60 gont, or both, in the ith, and accept the	7.0502 and 6 State of Flori obligations o	807.1508, Florid ida Such chan if, Section 607.	da Statute ige was ai 05 <mark>05,</mark> Flor	s, the above uthorized by ida Statute:	e-na y tho s.	med corp corporat	oration submits this statement fo on's board of directors. I hereby	r the purp accept t	pose of he appo	changing it intment as	is registered registered
SIGNATURE	Signature typed	d or printed name of registe	and loops box	# If applicable	INOTE	Bogistered Age	eol s-c	nalure requin	ed when reinstating)		DATE		· · · · · · · · · · · · · · · · · · ·
12.			S AND DIRL		· · · · ·	13.		· · · ·	ADDITIONS/CHANGES TO	OFFICE	RS AND	DIRECTOF	S IN 12
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NAME		, WILLIAM E					1.2 NAME						
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STREET ADORESS							r addr	ESS					
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CITY+ST-ZIP						6.4 CITY- S	ST - ZIP						

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 changed, or on an attachment with an address.