Amended Annual Reports - 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 # P950000 86322

Courtesy wholesale Orporation

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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1	weer Model	THE LANGE	edale,FL33	3. Da	ate Incorporated or Qualified	3a. Date of Last	Report
H. CHOCKE	10888J7,9HAL	((, 0.100)			1-9-95]	
2. Principal Place of	Business	2a. Mailing Address		1	Number		Applied Far
21		26		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>8170800-c</u>		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5 . Co	ertificate of Status Desired		Additional Required
City & State		City & State		e 51	nation Compains Financias		
23		28		1	ection Campaign Financing ust Fund Contribution		May Be d to Fees
Zip	Country	Zip	Country		is corporation has liability for in		
24	25	29	30	II		Yes 🔲 No	
	Name and Address of Current F			10. N	ame and Address of New Reg	lstered Agent	
American 3	information Servi	ces, Inc.	81 Name	77 (moncadion 5	motori	
1 SC 350	82 Street A	ddress (P.O.	Box Number is Not Acceptable	e)			
1 St 3th Avenue, 274 Floor							
miami, XC 33131			1300 5. Pine Island Rd.				
			84 City	100	1400	85 Zu	Code
44 Director to the	registers of Continue 607.0603	and CO7 1500 Florido Platut	on the should somed	141141	when the platement for the ru	FL 8 3	33 3 4
office or register	ed agent, or both, in the State of	Florida, Such change was a	authorized by the corp	pration's boa	rd of directors. I hereby accep	t the appointment a	is registered is registered
agent. I am tamit	provisions of Sections 607.0502 and agent, or both, in the State of liar with, and accept the obligation	ons of Section 607,0505, 176	SRYAN ^{OS.}			1-1-100	,
SIGNATURE Stansature	typed or printed name of requitered agent a	and title if applicaPECIAL (AS	SISTANT SECT	ETARY in	stating)	6/20/97	
12.	OFFICERS AND I	DIRECTORS	13.		DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
TITLE 5	1 4 11 41	X DELETE	1111111	, ,	1	Change	Addition
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NAME			5.2 NAME			9701122-	
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14. If 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 logal 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 in changed or on an attachment with an address.

5.4 CITY - \$1 - 20P

6.3 STRLET ADDRESS 6.4 CITY+ST-7IP

61 HTLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

MATURE AND LAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

clalar

954-713-5200

Change

Addition