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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CHY-SI-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000087228** (9)

Principal Place 7837 W PANAN MIRAMAR FL \$	IA ST	Mailing Address 7837 W PANAMA ST MIRAMAR FL 33023-3567 US			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/13/1995	08/09/1996
· ·	lace of Business	28. Mailing Address	ar forkwau	4. FEI Number 65-0670171	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22 01116 City & State	2 209	27 Suite 209	1		Fee Required
	mar, 7L	28 Miramar.	72	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3302	Country	29 33023 3	OUNTRY OF LISA	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Curr			10. Name and Address of New Re	gistered Agent
	DSTONE, RICHARD P		81 Name		
1	I W SAMPLE ROAD BUILDING 3, STE 3A		B2 Street Ad	dress (P.O. Box Number is Not Accepta	ble)
	IPANO BEACH FL 33073		83		- 11-2
			84 City	<u></u>	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of nigistered		thorized by the corporda Statutes.  Registered Agent signature rec	orporation submits this statement for the ration's board of directors. I hereby accellulation and the statement for the ration's board of directors. I hereby accellulation's board of directors. I hereby accellulation's board of directors and directors are statement and directors are statement and directors. I have been statement and directors are statement and directors are statement and directors are statement and directors. I hereby accellulation are statement and directors are statement and directors are statement and directors. I hereby accellulation are statement and directors are statement and directors are statement and directors. I hereby accellulation are statement and directors are statement and directors. I hereby accellulation are statement and directors are statement and directors. I hereby accellulation are statement and directors are statement and directors are statement and directors are statement and directors. I hereby accellulation are statement and directors are statement and directors are statement and directors. I hereby accellulation are statement and directors are statement and dir	DATE
10T. F	D	<b>₩</b> DELETE	1.1 TITLE	oivector	Change
NAME	LANCE, RANDALL		12 NAME	ance Randall	
STREET ADORESS	7937 PANAMA ST		1.3 STREET ADDRESS	nisi miramor Porkw niramor, FL 38023	ayourte 209
CHY-\$1-ZIP	MIRAMAR FL	☐ DELETE		niramor, FL 33023	Change Addition
NAME		D DECENE	2.1 TITLE 2.2 NAME		Li cialite Li Audilloit i
STREET ADORESS			2.3 STREET ADDRESS		
-CITY-S1-ZIP			2. 4 CITY - ST - ZIP		
TOLE	The second secon	DELETE	31 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
Tilliff		ביין מבכבונ	4.1 TITLE 4.2 NAME		Ci cuande Ci vontion i
NAME STREET ADDRESS		,	4.3 STREET ADDRESS		
CITY-ST ZIP			4.4 CITY - ST - ZIP		
THE		☐ DELETE	5.1 TITLE		Change Addition
N4MI			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHIV ST-76			5.4 CITY-ST-ZIP		
THILE		DELETE	6.1 TITLE		Change Addition
. NAME			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			■ 0.3 STREET WINNESS		

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 change, or an attachment with an address. **SIGNATURI** 

6.4 CITY - ST - ZIP