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PROFIT CORPORATION ANNUAL REPORT

1997

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 14 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address 12794 W FORESTHILL SUITE 27-A	BLVD							
WELLINGTON	FL 33414	WELLINGTON FL 3341	4-4758							
						3. Date Incorporated or Qualified 11/17/1995		3a. Date of Last Report 04/29/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1 04/	Applied For		
21		26	26			65-0622548	Not Applicable			
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional			
22		27				S. Settinode of States Desired			equired	
City & Sta	ate		City & State			6. Election Campaign Financing	П		May Be	
Zip	Country	7ip	Cour	atru		Trust Fund Contribution			to Fees	
24	25	29	30	it:y		This corporation has liability for Florida Statutes		tax under s] No	s. 199.032,	
<u></u>	9. Name and Address of Cur					10. Name and Address of New R				
THI	E LAW FIRM OF LAWRENCE J			61	Name					
343 ALMERIA AVENUE				82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134			· ·			Total Addition (1.0). Dox Multiple 15 Not Acceptable)				
			[63						
			}	84	City			85 Zip	Code	
					•		FL	. [
agent. I a	Signature, typed or printed name of registered	d agent and litto if applicable				orporation submits this statement for the ation's board of directors. I hereby accentions the ation of the accention of the accent	DATE			
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	PSTO PINERO, JANELY			1.1 TITLE				Change	Addition	
NAME OZDECZ ARDDICOS	ARAS SOLITIBLICAY STILLAT	DEET		1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33486	(ILL)			1					
TITLE	DOM WHOM IE GOTOG	DELETE	14 CII 21 III		1 - 202			Change	Addition	
NAME			2.2 NA					0go		
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			2. 1 CI		[
	1 1	☐ DELETÉ	3.1 TeT	LĒ				Change	☐ Addition	
			3.2 NA	ME						
STREET ADORESS	· .		3 3 511	REET /	address					
CITY-ST-ZIP	P				T-ZIP					
TITLE	[_] DELETE			4.1 TITLE				☐ Change	∟ Additio :}	
NAME			4, 2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	DELETE			4.4 CITY-ST-ZIP				Charac) ka barr	
TITLE	C) v(cere			5.1 TITLE 5.2 NAME				☐ Change	L. Ad dition	
NAME STREET ADDRESS					ADDRESS					
									i	
CITY-ST-ZIP TITLE		DELETE	5.4 CH 6.1 TH		1 · ZIP			Change	Addition	
NAME			6.2 NA						E 14 MOUNTON	
STREET ADDRESS										
			63370	REFT	ADDRESS I					
CITY-ST-ZIP			6.3 STF 6.4 CH		ADDRESS 1-7IP				1	

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 eath; 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.