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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000091683 (9)

FLAMINGO FALLS, INC.

Principal Place of Business	
-----------------------------	--

Mailing Address

FILED Jan 22 1997 8:00am Secretary of State



22 Suite, Apt. #, ctc. Suite, Apt. #, etc. Suite, Apt. #, et	2419 E COMMERICAL BLVD STE 301 FT LAUDERDALE FL 33308		2419 E COMMERICAL BLVD STE 301 FT LAUDERDALE FL 33308-4042								
Suite, Apil #, etc.											eport
Suife, Apt. #, etc.	2. Principal Pl	lace of Business	2a. Mailing Ac	ldress		· · · · · · · · · · · · · · · · · · ·				Ap	plied For
City & Status StockAMORE, JOHN H 2419 E COMMERICAL BLVD STE 301 FT LAUDERDALE FL 33308 City City FL Status City & Stat								65-0639218		_ 	t Applicable
20		#, etc.	27			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5. Certificate of Status Desired			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607 6502 and 607 1538, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its roble of registered agent, or both, in the State of Florida Scienthange was euthorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent are thinking with, and accept the obligations of, Section 607 605. Florida Statutes. \$\$IGNATURE\$ 11. Pursuant to the provisions of Sections 607 6502 and 607 1538, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its roble of registered agent. The minimal with, and accept the obligations of, Section 607 605. Florida Statutes. \$\$IGNATURE\$ \$\$IGNATURE\$ \$\$IGNATURE\$ \$\$IFT LAUDERDALE FL. 3300	─ '	0	28	e							
STOCKAMORE, JOHN H 2419 E COMMERNCAL BLVD STE 301 FT LAUDERDALE FL 33308 84 Cry FL 85 Sirect Address (P.O. Box Number is Not Acceptable) 87 Sirect Address (P.O. Box Number is Not Acceptable) 88 Sirect Address (P.O. Box Number is Not Acceptable) 89 Sirect Address (P.O. Box Number is Not Acceptable) 80 Sirect Address (P.O. Box Number is Not Acceptable) 81 Sirect Address (P.O. Box Number is Not Acceptable) 82 Sirect Address (P.O. Box Number is Not Acceptable) 83 Sirect Address (P.O. Box Number is Not Acceptable) 84 Cry FL 85 Zp Cox 86 Cry 87 Sirect Address (P.O. Box Number is Not Acceptable) 85 Sirect Address (P.O. Box Number is Not Acceptable) 86 Sirect Address (P.O. Box Number is Not Acceptable) 86 Sirect Address (P.O. Box Number is Not Acceptable) 87 Sirect Address (P.O. Box Number is Not Acceptable) 88 Sirect Address (P.O. Box Number is Not Acceptable) 89 Sirect Address (P.O. Box Number is Not Acceptable) 80 Sirect Address (P.O. Box Number is Not Acceptable) 80 Sirect Address (P.O. Box Number is Not Acceptable) 81 Sirect Address (P.O. Box Number is Not Acceptable) 82 Sirect Address (P.O. Box Number is Not Acceptable) 84 Cry FL 85 Cry 85 Cr		25	29			try		Florida Statutes	Yes 🔲	No	199.032
2419 E COMMERICAL BLVD STE 301 FT LAUDERDALE FL 33308 10 City			nt Registered Agen	t				10. Name and Address of New Re	gistered Ag	ent	
TILE POST COMMORE, JOHN H STREET ADDRESS OTH STATE ADDRESS OTH STATE ADDRESS OTH STATE OF T LAUDERDALE FL 33308 FT LAUDERDALE					6	31	Name				
B3			01		6	32	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
T. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its respect to the origination of the provisions of sections of 1 handler with, and accept the obligations of, Socion 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regarded with a familiar with, and accept the obligations of, Socion 607 0505, Florida Statutes, and the manufaction of registeric agent and fact apphysiolar agent and fact apphysiolar statutes. SIGNATURE SIGNATURE DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.13 STREET ADDRESS 2.14 SECONMERICAL BLVD STE 301 1.3 STREET ADDRESS 1.1 FL AUDERDALE FL 33308 1.1 CHT-ST-2IP TITLE VD DIRECTORS 1.2 STREET ADDRESS 1.1 FL AUDERDALE FL 33173 2.2 STREET ADDRESS 1.1 FL AUDERDALE FL 33173 2.2 STREET ADDRESS 1.1 FL AUDERDALE FL 33309 3.1 CHT-ST-2IP TITLE VD DIRECTORS 1.2 STREET ADDRESS 1.1 FL AUDERDALE FL 33309 3.1 CHT-ST-2IP TITLE VD DIRECTORS 1.2 STREET ADDRESS 1.1 FL AUDERDALE FL 33309 3.1 CHT-ST-2IP TITLE VD DIRECTORS 1.2 STREET ADDRESS 1.1 FL AUDERDALE FL 33309 3.1 CHT-ST-2IP TITLE VD DIRECTORS 1.2 STREET ADDRESS 1.1 FL AUDERDALE FL 33309 3.1 CHT-ST-2IP TITLE VD DIRECTORS 1.2 STREET ADDRESS 1.1 CHT ST-ZIP TITLE VD DIRECTORS 1.2 STREET ADDRESS 1.1 CHT ST-ZIP DIRECTORS 1.2 STREET ADDRESS 1.1 CHT ST-ZIP DIRECTORS 1.2 STREET ADDRESS 1.2 ST	,,,	DADDENDADE I C 00000			8	83	***************************************		· · · · · · · · · · · · · · · · · · ·		
11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its reduced agent. I am familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). SIGNATURE Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligations of, Section 607 (505, Florida Statutes). Signature System of pricing familiar with, and accept the obligatio					1	84	City		FI	85 Zip (Code
NOTE Repeated Agent alignature required when reinstakenge) DATE	11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607.1508, Flo e of Florida. Such ch gations of, Section 60	orida Statut ange was a 07.0505, Flo	es, the abx tuthorized orida Statu	by tes.	named corp he corporat	xoration submits this statement for the pion's board of directors. I hereby accept	1	anging it	s registered registered
12.	SIGNATURE										
DELETE		····		INOT		Agenl	signature requir			DEATOR	5.0T45
NAME				DELETE		_		ADDITIONS/CHANGES TO OFFICE			S IN 12
STREET ADDRESS CITY_ST_ZIP	Ĩ	· -	لــا	DELETE	1		}		!	1 Change	Modition
TITLE	1		CTE 901								
TITLE	•		315 301		•		1				
NEVEL, SAM B STREET ADDRESS 6401 SW 87 AVE STE 301 23 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 2.4 CITY-ST-ZIP Change Change CITY-ST-ZIP CHANGE				DELETE			ZIP			Change	Addition
STREET ADDRESS 6401 SW 87 AVE STE 301 23 STREET ADDRESS MIAMI FL 33173 2.4 CITY-ST-ZIP		-	Ц	DEFEIC					i-	Loudings	Moditions
CITY-ST-ZIP	·	,									
DELETE Change C									46		
NAME				DELETE			- ZIP			Change	Addition
STREET ADDRESS 6700 N ANDREWS AVE STE 102 33 STREET ADDRESS 51 LAUDERDALE FL 33309 34 CITY-ST-ZIP		- 		DECEME					L-	1 Avante	LJ ROGIIION
CITY-SI-ZIP	j		100		1						
DELETE			102				- 1				
NAME STOCKAMORE, RICK N 4 2 NAME	****************			DC) ETC			- 2iP			Channe	Addition
STREEL ADDRESS			L	DELETE					L-	1 Orientige	L. Augroott
CITY-ST-ZIP	1		STE 301		1		DD0100				
TITLE			VIE 001				·				
NAME NEVEL, MICHAEL 5.2 NAME STREET ADDRESS 6401 SW 87 AVE STE 301 5.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME 6.2 NAME				DELETE			-ZIP			Change	Addition
STREET ADDRESS	,		LJ	I/CULTE			[Ĺ.	i ∩uenβ <u>e</u>	M VOUIDON
CITY-ST-Z:P MIAMI FL 33173 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 62 NAME					1						
TITLE DELETÉ 6.1 TITLE Change I NAME 6.2 NAME I				•							
NAME 62 NAME		MIVMI FL 991/9		DELETE			· ZIP			Chance	Addition
			Ш	DEFEIR					ᆫ) Onange	III VOOIIIVII
STREET ADDRESS 6.3 STREET ADDRESS											
							i				
14. I do hereby certify that the information supplied with the Stimp 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	CITY-ST-ZIP	and the before the Y	and south the ANSOn - 1		6.4 CITY	y S1	ZIP	dia Section 110 07/0V/\ Firstd- Distance	- بدخلتين ا	artific these	the

I am an officer or director of the corporation or the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #