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 # P95000091755 (5)

ELIZABETH M. DUBOSE, C.P.A., P.A.

Principal Place of Business

Mailing Address

#495 HOLLYWOOD BLVD. STE 204

2435 HOLLYWOOD BLVD. STE 204 HOLLYWOOD FL 33020-6629

FILED Apr 25 1997 8:00am Secretary of State



NOCE INCOME	C 93020		HOLLING	OD FL SSUZU-OO	20			ł					
								ŀ	3. Date Incorporated or Qualified 12/01/1995	3a. Date of Last Report 04/25/1996			
2. Principal Pl	ace of Busi	ness	2a. Mailin	2a. Mailing Address					4. FEI Number			Applied For	
n <u> </u>			26						65-0621119			Not Applicable	0
Sulte, Apt. #, etc.			Suite. 27	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
City & State	9		City 8	City & State					6. Election Campaign Financing	*****	\$5.0	May Be	
23			28						Trust Fund Contribution		Adde	d to Fees	
Zip		Country	Zφ	Zip Cou					8. This corporation has liability for	r intangible tax under s. 199.032,			
24		25	29					Florida Statutes Yes No					
			Current Registered A	\gent					10. Name and Address of New Ro	gistered	Agent	· -	
	OSE, ELIZ					81	Name						
		OOD BLVD					2 Street Address (P.O. Box Number is Not Acceptable)						
STE								,					
HOL	LYWOOD	FL 33020				83							
						84	City				85 Zij	Code	\dashv
							O,			FL	. 50 2 ",		
11. Pursuant	to the provis	ions of Sections 60	07.0502 and 607.1508	3, Florida Statuti	es, the at	oove	-named	corpora	ation submits this statement for the 's board of directors. I hereby acce	purpose of	changing	its registered	3
agent la	m familiar w	ith, and accept the	obligations of, Section	on 607.0505, Fig	orida Stat	utes	tile corp	poration	s board of directors, I hereby acce	hr me abb	Ominent s	is regisiered	
SIGNATURE													
	Signature, typed		ered agent and title if applicat	tile (NOTI		Ager	nt signature	required v	rhen reinstating)	DATE			
12.	-	OFFICE	RS AND DIRECTORS	T DELETE	13.				ADDITIONS/CHANGES TO OFFI	CERS AND			_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
T(TLE	D	ELIZADENI M		☐ DELETE	11]/						☐ Change	Addition	n §
NAME		, EUZABETH M	ALLEN ÖTE ANA		1.2 N/	AME							2
STREET ADDRESS	ET ADDRESS C/O 2435 HOLLYWOOD BLVD. STE 204 .st7/P HOLLYWOOD FL 33020						1.3 STREET ADDRESS						[
CITY-ST-ZIP	HULLIYW	000 FL 33020			1.4 Cl	14-81	i - 7IP						ؤ
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NAME	' .			. 2.2 M		2.2 NAME							
STREET ADDRESS					2.3 S1	REC),	ADDRESS						
CITY-ST-ZIP			<u> </u>		2. 4 C	17Y - S	1-7IP						
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NAME					32 N/	₩£							
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City-St-ZIP					3.4. C	ITY-S	1-2(P						
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NAME					4 2 N	AME							
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CITY+ST-ZIP					4 4 Ci	TY-SI	- Z IP						_
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NAME					5.2 N ⁴	MF	ł						
STREET ADDRESS					5.3 ST	HEET A	ADDRESS						
CITY-ST-ZIP					5 4 CI	1Y - ST	- <u>7</u> P						
TITLE				DELETE	6.171	TLE					☐ Change	Addition	.n
NAME					6.2 NA	AME.							
STREET ADDRESS					6.3 S1	REF1.	ADDRESS		•				
CITY-ST-ZIP					6.4 CI	14 - 51	- ZIP						
									Section 119.07(3)(i), Florida Statute y signature shall have the same leg s required by Chapter 607, Florida				at
appears in	n Block 12 d	Block 13 if chang	ed, or on an attactin	nent with an add	dress.			- po a	y signature shall have the same leg- s required by Chapter 607, Florida		(1101 111)		