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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortleam

Secretary of State
DIVISION OF CORPORATIONS

1	9	9	7
 			_

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

<sup>Zip</sup> 33309

T #9914CCCO12358

DAVID NUNES & ASSOCIATES, P.A.

9. Name and Address of Current Regis

Principal Place of Business	Mailing Address

3917 N. Andrews Ave.

Ft. Lauderdale, Florida

3917 N. Andrews Ave.

23Ft.Lauderdale Florida

Ft. Lauderdale, Florida 33309

Florida	33309	9		02/05/96	<b>Va.</b> D	N/A
. Mailing Address				4. FEI Number		Applied For
				650648519		Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	30	ountry	• • • • • • • • • • • • • • • • • • • •	8. This corporation has liability for Florida Statutes	- · ·	tax under s. 199.032, No
tered Agent				10. Name and Address of New Re	gistered	Agent
		81	Name Dav	id S. Nunes		
		82		ss (P.O. Box Number is Not Acceptat	le)	

David S. Nunes

1248 NW 12 Street

Lauderhill, Florida 33311

B4 City

David S. Nunes

Street Address (P.O. Box Number is Not Acceptable)
3917 North Andrews Avenue

11. 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 registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent the state of Florida Statutes.

office or registered agent, or both, in the State of Florida Youch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar of the appointment agent agent agent agent. Lam familiar of the appointment agent age				
SIGNATURE	to (1 pert) In .	avid S.	Nunes 08/27/97	
O G T T T T C T T T	Signature is a rot printed menor areas over again and tale it approache. INOYE Ho	egislered Agent signatur	e required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DLIETE -	1.1 TITLE	President	
NAME		12NAME Da∵9	David S. Munes	
STREET ADDRESS		13 STREET ADDRESS	3917 N. Andrews Ave.	
CITY-ST-ZIP		1 4 CrTY - ST - 7/P	Ft. Lauderdale, Florida 33309	
TITLE	☐ DÉLETE	2 1 TITLE	Change Addition	
NAME		2 2 NAVE		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - S1 - ZIP		2 4 CITY - S1 - 7:P		
TITLE	DELETE	3.1 TITUF	Change Addition	
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADORESS		
CI ST-ZIP		3 4. CHY-S1-ZIP		
TITLE	☐ DELETE	4 1 11TLF	Change Addition	
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 C(1) Y - \$1 - Z(P		
TITLE	DELETE	5 1 TOLE	Change Addition	
NAME		5 2 NAME	200002302902 -09/25/9701009201 a/2/97	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CFTY - S1 - 7IP	***385.80 <u>(* 1\*</u>	
TITLE	OTIFIL	6 1 TITLE	Change Addition	
NAME		62 NAME	000003303900	
STREET ADDRESS		6.3 STREET ADDRESS	-09/25/9701009003	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Socion 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this armual 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 changed, or on an attachment with an address.

SIGNATURE

Davis S. N

08/27/97

(954)561-2023

FILED

Sep 22 1997 8:00am

Secretary of State

Daylime Phone #