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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

4/30/97 954-791-5741

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000012780 (8)

SIGNATURE:

ZIUN PA	AINTING, ING.				
Principal Place of Business 5720 S.W. 54TH AVENUE DAVIE FL 33314		Mailing Address 5720 S.W. 54TH AVENUE DAVIE FL 33314-7411	5720 S.W. 54TH AVENUE		
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1996
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired Fee Required
City & State		City & State	ł——————————————————————————————————		Election Campaign Financing     Trust Fund Contribution     Added to Fees
<b>23</b> Zip	Country	Zip	Countr	у	8. This corporation has liability for intangible tax under s. 199.032,
24	25] 9. Name and Address of Cur	29 rent Registered Agent	30]		Florida Statutes Ves No  10. Name and Address of New Registered Agent
LOCURTO, C V				Name	IALTER C. BLOOR
6245 NORTH FEDERAL HWY				Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 503 FT. LAUDERDALE FL 33308				5720	0 S.W. 54 AVE
• • • •			84		85 Zip Code
11 Purcuant t	to the provincions of Sections 607.	0602 and 607 1609. Florida Statut	os the abo	DAV	7 <i>E</i>
office or re	egistered agent or both, in the St m familiar with and easents worth	ate of Florida. Such change was a finations of Section 607 0505. Florida	es, the above authorized b oride Statute	y the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE T	1010118, 1-1-1-10	2	orida otatut		4/30/97
	Signature, typicd or printed name of registered			ent signature required	
12.	D OFFICERS A	AND DIRECTORS  DELETE	13.	····	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	BLOOR, WALTER C		1.1 TITLE		Charige Character
STREET ADORESS	5720 S.W. 54TH AVE.		1.2 NAME	T ADDRESS	
GHY-ST-ZIP	DAVIE FL 33314		1.4 CITY -	1	
TITLE		DELETE	2.1 TITLE	31 211	Change Addition
NAME			2.2 NAME		<del></del>
STHEET ADDRESS			2.3 STREE	T ADDRESS	
CITY - ST - ZIP			2. 4 CITY	ST-ZIP	
TITLE	☐ DELETE 3.1		3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-7IP			3.4. CITY-	ST-ZIP	
11 <sup>7</sup> Lf		DELETE	4.1 TITLE	İ	Change Addition
NAME			4. 2 NAMI		
STREET ADDRESS				T ADDRESS	
City - S7 - ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP	Change Addition
NAME		□ viceit	5.1 NAME		ריין טוימולט ריין אסמוניטוו
STREET ADDRESS	· ·			T ADDRESS	
City - St - ZiP			5.4 CITY-		
1)TLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
C-TY+ST-ZiP	MATAL 1771. 11178 ASSISTED ASSISTANCE MATARIXED ASSISTANCE		6.4 CITY-		
informatio Lam an of	n indicated on this annual report of ficer or director of the corporation in Block 12 or Block 13 if manded	or supplemental arinual report is to or the receiver or trustee empow or on an attachment with an add	rue and acc vered to exe dress.	urate and that n cute this report	in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; that as required by Chapter 607. Florida Statutes; and that my name
	87 1	The state of the second	a a time to t	#197 <sub>2</sub>	