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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

PELL CO	ONSULTING THE OF BUSINES	# P9600 NG SERVICES, I	Madir	g Address									
1920 8 OCEAN SUITE 1411	ORIVE			20 S OCEAN DRIVE IITE 1411									
FORT LAUDER	DALE FL 333	16		FORT LAUDERDALE FL 33316-3727									
									Date Incorporate	d or Qualified	3a. D	ate of Last	Report
			1						03/12/1996				
2. Principal Place of Business			+ 3	2a. Mailing Address				4.	FEI Number	0.00			oplied For
Suite, Apt.	# etc		[26]	ite, Apt. #, etc.					P2-0P2	sting.	··		lot Applicable
22			—-1	27					Cortificate of Stat	lus Desired		,	Additional Required
City & State				City & State				6.	Election Campaig	n Financina			May Be
23			28	28					Trust Fund Contri				to Fees
Zip Country		Country	Z1	Z ₁ p C ₁		Country		8. This corporation has liability for intangible tax under s. 199.032.					
24 25			29					Ftorida Statutes Yes No					
ALIC		and Address of Cui	rrent Hegisteri	ed Agent		81	Name	10.	Name and Addr	ess of New I	Registered	Agent	
	A, ELLY	1 000VE											
1920 S OCEAN DRIVE SUITE 1411 FORT LAUDERDALE FL 33316							Street Addr	ess (P	P.O. Box Number i	umber is Not Acceptat			
. • • • • • • • • • • • • • • • • • • •			,		-	84	City					Test 3:	
	٨				1		City				FL	- `	Code
office or reagent. I a	to the provis egistered at im familiur wi	ons of Sections 607. jent or both, in the Si th, and accept the of	0502 and 607. tale of Horida oligations of, Se	1508, Florida Statu Such change was ection 6 07.0505, Fl	tes, the ab authorized lorida Statu	ove- by tales.	named corp the corporat	oration ion's fi	n submits this stat poard of directors.	ement for the I hereby acc	purpose of the app	of changing pointment as	its registered s registered
	Signature, typicol	or printed narie of egisteres	appent and title if ap	pilicable (NO	L fregislered	Agent	signature requir	ed when	reinstating)		DATE	1 1 7	
12.		OFFICERS	AND DIRECTO		13.			μ	ADDITIONS/CHAN	IGES TO OFF	ICERS AN		
TITLE	D Shea, P/	ALII		☐ DELETE	11117							Change	Addition
NAME STREET ADDRESS		CEAN DRIVE STE	1411		1.2 NAI		DDRESS						
CITY-ST-ZIP		UDERDALE FL 333			14 CII								
TITLE	D		<u>×</u>	DELETE	21 111		211					Change	Addit on
NAME	SHEA, EI	ΙΤΑ			2 2 NA	ME						_	
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CITY-ST-ZIP	FORT LA	uderdale fl 333	316		2 4 0/1	1Y-S1	- ZIP						
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NAME				—	4 2 NA								
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TITLE				L DELETE	6.1 111							∐ Change	∐ Addit:on
NAME CIDEET ADDRESS					6.2 NA*		nunce						
STREET ADDRESS CITY-ST-ZIP					6351		DDRESS . 710						
	by certify tha	I the information supp	olied with this f	iling goes not qual				I in Se	ction 119.07(3)(i).	Florida Statu	ites. I furthe	er certify tha	it the
I am an oi	TUCAL OF OIGH	I the information support this annual report stor of the dynpopulior is Block 13 inchalged	'I CAT TELCH FENCEULAG	or a t trusteen emones	MOTOR TO BY	ceuri xecu	ale and that le this repor	my sig Las ro	gnature shall have equired by Chapte	the same le r 607, Florida	gal effect a a Statutes; a	is if made ur and that my	nder oath; tha name