## 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 #
1. Corporation Name

P96000015950

APPROVED AND FILED

1997 MAY -9 AM 9: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Place of Bus	iness	Mailing Ad	dress			_			
c/-	DRELICH					. *			
		A	T / A	+1	- 2 - 2				
Fell	W. BROWN					3. Date Incorporated or Qualified	3a. Date	of Last R	eport
2. Principal Place of E	Business	2a. Mailing	Address			4. FEI Number	<u> </u>	TAr	oplied For
21		26				65-06532	78	N(	ot Applicable
Surte, Apt. #, etc.		Suite, A	pt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State		City & S	State			6. Election Campaign Financing		\$5.00	May 8e
23		28				Trust Fund Contribution			to Fees
	Country	Zip	<u> </u>	Country	1	8. This corporation has liability for int			. 199.032,
24	25	29		30]			res 🔲		
9. NI	ame and Address of Current	Registered Ag	jent	81	Name	10. Name and Address of New Regi	stered Age	ını	
سم و	in NOTIFIELD	!		61	Name				
-	E DRELICH		_	82	Street Ad	dress (P.O. Box Number is Not Acceptable	)	<del></del> -:	
c.	11 W. BREL	odka	Blue.	-					
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1 '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						FL [		
11. Pursuant to tric or	ovisions of Sections 607.0502	and 607.1508,	Florida Statutes	the abov	e-named co	orporation submits this statement for the pur	pose of ch	anging it	s registered
agerit Lam familia	ar with, and accept the oldigat	ions <b>d</b> . Section	∟607.0505, Flori	ida <u>Sta</u> tute	s the corpor	ration's board of directors. I hereby accept	The appoint	junerii as	registered
SIGNATURE				سين سي	DR	clic4 b	18/4	゚゚゚゚゚゚゚	
Signal Re	typed or printed name of registered agent		NOTE	Registered Ap	ent signature ret	quired when reinstaling)	DAV	-	
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICE	RS AND D		
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				1.2 NAME	Î				
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ЭМАИ				3.2 NAME		•			
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NAME				4. 2 NAME	}	7000021,7	/nin	760	126
STREET ADDRESS				43 STBEET	ADDRESS	東京市等11位。	00 🕌	***1F	5.00
C TY+ST 70°				4.4 CITY - 9	ST - ZIP	***************************************	~~		
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SCREET ADDRESS				5.3 STREET	ADDRESS				
CITY - SE Zin				5.4 CITY-S	T-ZIP				
TiTLF			DELETE	6.1 TITLE				Change	Addition
NAME				62 NAME				آبر .	4
STREET ADDRESS				63 STREET	ADDRESS				1 14 / C
CITY S' ZIP				64 CITY-S	1				91 <sub>12</sub>
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14. Log hereby certly that the information supplied with this filing 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 suppliemental 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.

SIC	ANE	TU	RE:

LA KEYEY IKE
SURFACIONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR