FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00							FILED			
1	PROFIT RPORATION		FLORIDA DEPARTMENT OF STATE				Feb 11 1997 8:00am			
ANNUAL REPORT				Sandra B. Mortham Secretary of State			Secretary of State			
1997 DIVISION OF C				ORPORATIONS						
DOCU		96000026	241 (5)							
-		& MAINTENANCE,								
Principal Place of Business Mailing Address										
72 EAST MCNAB ROAD 72 EAST MCNAB ROAD SUITE 51 SUITE 51										
	ACH FL 33060		ANO BEACH FL 330	60-9238			3. Date Incorporated or Qualified	3a. Date of Last R		
			:	·			03/20/1996		вроп	
2. Principal F 21	Place of Business	2a. M	2a. Mailing Address			4	65-0655742		oplied For ot Applicable	
Suite, Apt	#, etc		Suite, Apl. #, etc.				5. Certificate of Status Desired	\$8.75	Additional equired	
City & Stat	te	Ci	City & State				3. Election Campaign Financing	\$5.00	May Be	
23 Zip	Count	ry Z1	28 Zip Country				Trust Fund Contribution 3. This corporation has liability for	Added	to Fees	
24	25 O Name and Addr	29 ess of Current Register	ad Acent	30				Yes 🛄 No		
FRA	INK, SEAN	as of ourient negister		8	1 Name		y. Name and Address of New N	gisteren Agent	<u> </u>	
100 EAST MGNAB ROAD #10282Street AddresPOMPANO BEACH FL 3306072.6.						Address	(P.O. Box Number is Not Acceptal	SUITE SI		
r Vi				e	13 7 2		CARD KORD	<u> 30/78 37</u>		
				Ē	14 City			FI 85 Zip	Code	
11. Pursuant office or i	to the provisions of Sec registered agent, or bot	tions 607 0502 and 607. h, in the State of Florida	1508, Florida Statute Such change was a	es, the abo	ve-named by the corr	corporati	ion submits this statement for the poard of directors. I hereby acces		s registered	
agent I a SIGNATURE	am familiar with, and ac	cept the obligations of, S	action 607.0505, Flo	orida Statul	tes.		board of directors. I hereby acce		registered	
12.	·	e of registered agent and title Tap DFFICERS AND DIRECTC		E Registered A	Agent signature	required wh	en reinstating) ADDITIONS/CHANGES TO OFFIC		IN 12	
THLF	D	We all field to be a second	DELETE	1 1 TITL	E			Change	Addition	
NAME STREET ADDRESS	FRANK, SEAN		1.2 NAM 1.3 STRE	2 NAME .3 STREET ADDRESS 7		E. ME NAB ROAD		124		
CITY ST ZIF	POMPANO BEACH	I FL 33060			- ST - ZIP	·			Addition	
title Name			DELETE	2.1 TITLE 2.2 NAM				L Change	L. Addition C	
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY 3.1 T(TL)	<u>r+st-zip</u> E			Change	Addition	
NAME				3.2 NAM	·					
STREET ADDRESS					ET ADDRESS (-St-Zip					
TITLE NAME			DELETE	4.1 TITLE 4.2 NAM			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
STREET ADDRESS					ET ADDRESS					
CITY - ST - ZIP TITLE		······	DELETE	4.4 CITY				Chanon	Addition	
NAME				5.1 TITLE 5.2 NAM	1			Change	Addition	
STREET ADDRESS					ET ADDRESS					
CITY ST. 70			DELETE	5.4 CITY 6.1 TITLE				Change	Addition	
CITY-ST-ZIP TITLE				6.2 NAM	E .					
TITLE NAME				63 6105	FT Atingree					
TITLE NAME STREET ADORESS CITY-ST-ZIP				6.4 CITY						
TITLE NAME STREET ADORESS CITY-ST-ZIP 14. I do herel informatic	on indicated on this ann	ual report or supplements	al annual report is tr	6.4 City y for the ex	-ST-ZIP xemption st	l that my a	ection 119.07(3)(i), Florida Statute signature shall have the same lege	al offect es if maria un	dor noth that	
TITLE NAME STREET ADORESS CITY-ST-ZIP 14. I do herel informatic I am an o	officier or director of the i	ual report or supplements	al annual report is tr er or trustee empow	6.4 City y for the ex- ue and ac- ered to ex- iress.	-ST-ZIP xemption st curate and ecute this r	that my t eport as i	iection 119.07(3)(i), Florida Statuta signature shall have the same lega required by Chapter 607, Florida S PRESIDENT 2	al effect as if made und Statutes; and that my n (954)	dor noth that	