## 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

## P96000029176 (0) DOCUMENT #

## FILED May 02 1997 8:00am Secretary of State

| Principal Pi          | ECTION MANAGEMENT, INC<br>lace of Business<br>BTH AVENUE<br>N FL 33324 | Mailing Address<br>805 N.W. 98TH AVE<br>PLANTATION FL 333 |  |  |   |                           |                                   |  |
|-----------------------|--|---|--|--|---|---------------------------|-----------------------------------|--|
|                       |  |   |  |  | 3. Date Incorporated or Qualified 04/03/1996  | 3a. Date of Last F        | Report                            |  |
| 2. Frincipa           | I Place of Business  | 2a. Mailing Address                                       | s                                      | ······································ |   | A                         | pplied For                        |  |
| 21                    |  | Suite, Apt. #, etc.                                       |  |  | 65 066 0698   |                           | Not Applicable  \$8.75 Additional |  |
| Suite, Ap<br>22       | pt #, etc  | 27 Suite, Apt. #, et                                      | G.                                     |  | 5. Certificate of Status Desired  |                           | Additional<br>lequired            |  |
| City & S              | itale  | City & State  | ······································ | <del></del>                            | 8. Election Campaign Financing  |                           | May Be                            |  |
| 23                    |  | 28  |  |  | Trust Fund Contribution   |                           | to Fees                           |  |
| Zip                   | Country  | Zip   | Coun                                   | try                                    | 8. This corporation has liability for   |                           | s. 199.032,                       |  |
| 24                    | 25 9. Name and Address of Curi   | 29 ront Registered Agent                                  | [30]                                   |  | Florida Statutes  10. Name and Address of New R   | Yes No                    |                                   |  |
|                       | ELLER & BARNETT CORPORATE  |   |  | 31 Name                                | IU, Name and Address of New H   | edistered Wash            |                                   |  |
|                       | 214 N. UNIVERSITY DRIVE  | : achvicea  |  |  |   |                           |                                   |  |
|                       | LANTATION FL 33322   |   |  | 32 Street Add                          | ess (P.O. Box Number is Not Acceptable)   |                           |                                   |  |
| ,                     | 2 - 11111111111111111111111111111111111                                |   | Ī                                      | 83                                     |   |                           |                                   |  |
|                       |  |   |  | 34 City                                |   | 85 Zip                    | Code                              |  |
|                       |  |   |  | ,                                      |   |                           |                                   |  |
| SIGNATUR              | Egyptic typica or proced home of registered                            |   |  |  | poration submits this statement for the<br>ation's board of directors. I hereby accu-<br>ured when reinstating)  ADDITIONS/CHANGES TO OFF | DATE                      |                                   |  |
| TILE                  | D  | DELE:   |  | E T                                    | ADDITIONAJON/MACO TO OTT  | Change                    | Addition                          |  |
| NAME                  | SANTIAGO, MYRNA E  | _   | 1.2 NA                                 | )                                      |   | •                         |                                   |  |
| STREET ADDRES         |  |   | 1.3 STR                                | EET ADDRESS                            |   |                           |                                   |  |
| CITY-ST-ZIF           | PLANTATION FL 33324  |   |  | r-ST-ZIP                               |   |                           |                                   |  |
| TITLE                 |  | ☐ DELE  |  | · i                                    |   | Change                    | Addition                          |  |
| NAME                  |  |   | 2.2 NAM                                | ]                                      |   |                           |                                   |  |
| STREET ADDRES         | 55   |   | 1                                      | EET ADDRESS                            |   |                           |                                   |  |
| CITY - ST - ZIP       |  | DELE  |  | Y-ST-ZiP<br>E                          |   | Change                    | Addition                          |  |
| NAME                  |  |   | 3.2 NA                                 | AE                                     |   |                           |                                   |  |
| STREET ADDRESS        | SS (   |   | 9.3 STR                                | EET ADDRESS                            |   |                           | •                                 |  |
| CITY-ST-Z-P           |  |   |  | Y-ST-ZIP                               |   | F-1-2.                    |                                   |  |
| TITLE                 |  | DELE  |  |  |   | Change                    | L. Addition                       |  |
| NAME<br>STREET ARGGER | on   |   | 4. 2 NA                                |  |   |                           |                                   |  |
| STREET ADORES         | 22   |   |  | EET ADDRESS                            |   |                           |                                   |  |
| CHY-ST-ZIP<br>THUE    |  | ☐ DELE  |  | r-\$t-zip<br>E                         |   | Change                    | Addition                          |  |
| NAME                  |  | P   | 5.2 NA)                                |  |   |                           |                                   |  |
| STREET ADDRES         | SS   |   | 1                                      | EET ADDRESS                            |   |                           |                                   |  |
| CITY-ST-ZP            |  |   |  | Y-ST-ZIP                               |   |                           |                                   |  |
| THEF                  |  | DELE.   |  |  |   | Change                    | Addition                          |  |
| NAME                  |  |   | 6.2 NA                                 | AE                                     |   |                           |                                   |  |
| STREET ADDRES         | SS   |   | 6.3 STF                                | EET ADDRESS                            |   |                           |                                   |  |
| CITY-ST-ZIP           |  |   | 64 CIT                                 | r-ST-ZIP                               |   |                           |                                   |  |
| 14 Ldo bo             | arobu cartifushat the information curry                                | died with this filing door no                             | couplify for the                       | warmation state                        | d in Section 119 07(3)(i). Florida Statut   | toe I further certify the | t tho                             |  |

Information indicated on this annual 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on as attachment with an address.

SIGNATURE: