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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Apr 29 1997 8:00am Secretary of State

2. Principal Piace of Business 2a. Mailing Address 4. FEI Number 65 6324 21 Soite, Api #, etc Suite, Apt #, etc. 22 5. Certificate of Status Desired	40
2. Principal Piace of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Name and Address of Current Registered Agent St. FEI Number 65 Certificate of Status Desired Trust Fund Contribution Zip Name and Address of Name and Address of Name Registered Agent St. Name and Address of Name Registered Agent	Not Applicable 68.75 Additional Fee Required \$5.00 May Be Added to Fees under s 199.032, to
Suite, Apt #, etc. 22 City & State City & State 23 Zip Country Zip Country 24 Zip Country Zip	\$5.75 Additional Fee Required \$5.00 May Be Added to Fees under s 199.032,
City & State City & State 28 Trust Fund Contribution 8. This corporation has liability for intangible tax Florida Statutes Plorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	Added to Fees under s 199.032,
Zip Country 8. This corporation has liability for intangible tax 24 25 29 30 Florida Statutes Yes Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age	40
ALPON AUGUS OULD PROPER	nt
	1
343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134 2657 NW 63RD TERR	race
83	
B4 City MARGATE FL B	7 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of characteristics.	anging its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature: Type-II or privated name of regiscored agent and tello II applicable (NOTE Registered Agent signature regulred when reinstating) DATE	· <u>7</u>
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIR	
	Change Addition
NAME HILL, MICKEY L STREET ADDRESS 2651 NORTHWEST 63RD TERRACE 12 NAME 1.3 STREET ADDRESS 2651 N.W. 63RD TERRACE	€
ALL DATE OF THE ALL DATE.	
	Change Addition
NAME STANLEY, DOUGLAS 22 NAME	
STEATH ADDRESS 2851 NORTHWEST 83RD TERRACE 23 STREET ADDRESS	
CHY-S1-ZIP MARGATE FL 33063 2.4 CHY-S1-ZIP 3.	
	Change Addition
HAME SMITH, PERRY D 32 NAME	
STREET ADDRESS 2851 NORTHWEST 63RD TERRACE 33 STREET ADDRESS	
CHY-S1-ZIP MARGATE FL 33063 3.4.CHY-S1-ZIP	Change Addition
THEF LIDELETE 14.1 TITLE	erwide FTI Vocition
STREET ADDRESS 4.3 STREET ADDRESS	
GITY-ST-ZIP 4.4 CITY-ST-ZIP	1
、	Change Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	}
CITY-S1-7# 54 CITY-S1-7IP	Change
_ _ _	Change
NAME 62 NAME 62 TEST ADDRESS	
STEEL ADDRESS CITY: STUZIE 6.4 CITY: STUZIE 6.4 CITY: STUZIE	1
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certificrmation 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 n	rtify that the

SIGNATURE: