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

FILED Apr 22 1997 8:00am Secretary of State

DOCUMENT #	P96000030648	(5)
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	VE	Mailing Address 7626 NW 87 AVE TAMARAC FL 33321-164			
				3. Date Incorporated or Qualified 3a. 04/08/1996	Date of Last Report
2. Principal P	lace of Business	28. Mailing Address 26		4. FEI Number 65-0660223	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country	8. This corporation has liability for intangit Florida Statutes Yes	
241	9. Name and Address of Curr		1301	10. Name and Address of New Registers	
ROT	HMAN, CHARLES		81 Name		
	B NW 87 AVE		82 Street	Address (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
TAN	IARAC FL 33321		83		***************************************
			84 City	F	85 Zip Code
11. Pursuant office or agent La	to the provisions of Sections 607.08 egistered agent, or both, in the Sta mi familiar with, and accept the obli- signature, speed or printed name of registered a	gations of, Section 607.0505,	tutes, the above-named is authorized by the corp Florida Statutes.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	
12.	A 7 7 7	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
DILE		☐ DELETE	1.1 TITLE	PRESIDENT, DIVENTOR	Change 🔀 Addition
HAME			12 NAME	MARE R-PHMM	
STREET ADDRESS			1.3 STREET ADDRESS	The NW 87 AVE	
C(17 - S1 - 7)P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	TAMMAR, FLA 333VI	Change Addition
name i		C DECCIE	2.2 NAME	TREASURER DIRECTOR	Li orange La Addition
STREET ADDRESS			2.3 STREET ADDRESS	7646 NW 87 AVE	,
City - St - 7iP			2. 4 CITY-ST-ZIP	TAMARAC FLA 33321	
DUE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3 3 STREET ADDRESS		
CHTY - ST - ZIP	V	Douete	3.4. CITY-ST-ZIP		Change
TITLE		L_J DELETE	4.1 TITLE		L. Change L. Addition
NAM: STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY- ST- ZIP			4.4 CITY-ST-ZIP		
TITLE	I	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADORESS			53 STREET ADDRESS	4.3	
CiTY-SI-7P	POP N		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY+S1-7/P			6.4 CITY - ST - ZIP	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

I have been a section of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Black 12 or Block 13 it changed, or on ap attachment with an address.