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 DOCUMENT # P96000035860 (1)

FILED Apr 30 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 10706 LAGO WELLEBY DRIVE 10708 LAGO WELLEBY DRIVE SUNRISE FL 33351 SUNRISE FL 33351								
					Date Incorporated or Qualified 04/22/1996	3a. Da	te of Last R	eport
 1 '	Place of Business	2a. Mailing Address			4. FEI Number 65 - 066/060			plied For
1				······································	64 760/562		\$8.75 /	t Applicable
2					5. Certificate of Status Desired		Fee Re	
City & Sta	le	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added t	
Ζφ ∵1	Country	Zip	Counti	У	6. This corporation has liability for	intangible t Yes		. 199.032,
4	25 9. Name and Address of Curr	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30		Fiorida Statutes 10. Name and Address of New R			
FR	OMHOFF, BRUCE		8	Name				
	10706 LAGO WELLEBY DRIVE				dress (P.O. Box Number is Not Acceptable)			
SUNRISE FL 33351				Street Add	ress (P.O. Box Number is Not Accepta	DIE)		
			8	3				
			6	4 City			85 Zip (Code
			1		poration submits this statement for the tion's board of directors. I hereby acce	FL		
12.		agent and little if applicable. AND DIRECTORS DELETE	(NOTE: Registered A		ried when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR Change	S IN 12
TIFLE	PRELIBERT		4	Į.			Criange	L_J AUU/(IUI)
name Street adoress	BRUCE FROMHUE		1.2 NAMI	ET ADDRESS				
since i autheas City - St-Zip	10706 02 460 WE	22 P /	1.4 CITY	1				
DILE	100 B AP 12. 3	DELETE					Change	☐ Additio
NAME			2.2 NAMI	:				
STREET ADDRESS			2.3 STRE	ET ADDRESS	" :	e e e		
CITY - ST - ZIP			2. 4 CITY					
TITLE		DELETE					Change	Addition
NAMÉ O LUCZ E AGODE OU			3.2 NAMI					
STHEET ADDRESS CITY-ST-ZIP			33 STRE 3.4. City	ET ADDRESS				
TITLE		DELETE					Change	Addition
NAME		<u> </u>	4. 2 NAV	_ 1			-	
STHEET ADORESS				ET ADDRESS				
DITY-ST ZIP			4.4 City	-ST-ZIP				
ITLE		DELETE	5.1 TOTLE				Change	Addition
nAM ^e E			5,2 NAM	[
SPREET ADDRESS			5.3 STRE	ET ADDRESS				
:ITY - SI - ZIP		-1	5.4 CITY				- A	4 (40)
ITLE		☐ DELETE		1			Change	Addition
NAME			62 NAM					
STREET ADDRESS	1			ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	C 1 74D				

14. I do hereby certify 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 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 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.

Fromhoff Bruck Fromhoff PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR