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

DOCUMENT # P96000035872 (6)

THE CONSUMER PROTECTION LAW FIRM, P.A.

Principal Place of Business Mailing Address 3980 SHERIDAN STREET #104 3990 SHERIDAN STREET #104 HOLLYWOOD FL 33021-3655 HOLLYWOOD FL 33021 2a. Mailing Address 2. Principal P-ace of Business 26 Suite Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Country Country 29 30 24 25 9. Name and Address of Current Registered Agent HAGEN, KEVIN L 3990 SHERIDAN STREET #104 Street Addres HOLLYWOOD FL 33021 83 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Styrio are type of or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS 13. DELETE TIT CF 1.1 TITLE BATALLAS, WILLIAM H NAME 1.2 NAMÉ 3990 SHERIDAN STREET #104 1.3 STREET ADDRESS STREET ADORESS HOLLYWOOD FL 33021 1.4 CITY - ST - ZIP CHY-ST ZIP DELETE 2.1 TITLE TIFLE HAGEN, KEVIN L 2.2 NAME NAME 3990 SHERIDAN STREET #104 23 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 2. 4 CITY - ST - ZIP CHY-S1-202 DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP C(TY - \$1 - 7(P DELETE 4 1 TITLE DUE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 011Y+S1-7(P 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TiTLE HAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition | TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 64 CITY-ST-2IP 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

FILED May 16 1997 8:00am Secretary of State

A DARAMARAY UKA MARKRI ANNIN BARAH ARAM BARA	H 38/8. 1 1/18	i eile		ii 1001)li
3. Date Incorporated or Qualified	3a. C	ale (of L	ast R	eport	
04/22/1996						
4. FELNUMBER 066 588	0		Ţ	_	plied	
63-046380			Ţ	····		licable
5. Certificate of Status Desired				.75 ee Re		
6. Election Campaign Financing			\$:	5.00	May	Be
Trust Fund Contribution			A	dded 1	o Fee	98
8. This corporation has liability for	intangibl	e tax	ur	ider s.	199.	032,
Florida Statutes						
10. Name and Address of New Re	gistered	Age	nt			
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s (P.O. Box Number is Not Acceptal	ole)					
			- 1	781	~	
	Fi	_ 8	15	Zip i	Code	
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when reinstalling)	DATE	55		OTO	C 111	
ADDITIONS/CHANGES TO OFFI	JENS AN	וטטו	_	nange		Addition
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		<u></u>	Uf	nange	LJ	Addition

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appicars in Block 12 or Block 13 if changed or on an attachment with an address.

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