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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042445 (2)

X.O.T. OF FT. LAUDERDALE, INC.

Principal Place of Business Mailing Address 1423 WASHINGTON AVE. 1423 WASHINGTON AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-4109									
_					 Date Incorporated 05/17/1996 	or Qualified	3a. Date	of Last R	eport
2. Principal Place of Business 2d Mailing Address 21 /7 S. ATCASTC. DOUD 26					4. FEI Number 65-0676	2576			oplied For of Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Statu			\$8.75	Additional equired
City & State City & State City & State 28					6. Election Campaig Trust Fund Contrib	_		\$5.00 Added	•
Zip 24 ろうう	16 25 Kowak	Zip 29	Count	ry	8. This corporation h	<u> </u>	Yes 🔲	No	. 199.032,
	g, Name and Address of Curr	ent Registered Agent			10. Name and Addre	ss of New Re	gistered Ag	ent	
	Z, JAYME		8	1 Name					
	WASHINGTON AVE.		8	2 Street A	ddress (P.O. Box Number is	Not Acceptab	le)		
MAM	I BEACH FL 33139		8						
•			°	"					
			8	4 City			FL	85 Zip (Code
office or reg agent. I am SIGNATURE	gistered agent, or both, in the Sta	502 and 607.1508, Florida Statute tle of Florida. Such change was a igations of, Section 607.0505, Flo	authorized I orida Statut	by the corp es.	corporation submits this state oration's board of directors.	ement for the p I hereby accep	urpose of cl of the appoir	nanging it niment as	is registered registered
12,		ND DIRECTORS	13.	gon og more.	ADDITIONS/CHAN	GES TO OFFIC		IRECTOR	RS IN 12
TITLE		☐ DELETE	1.1 TITLE		VICE PRES. &	Seg.		Change	Addition
NAME			1.2 NAMI	:	POLEZ, JOAC	MAM	07		
STREET ADDRESS			1.3 STRE	ET ADDRESS	1423 WASKIN		AUE .		
CITY-ST-ZIP			1.4 CITY	ST-ZIP	MIA DON.	7 33/	<u> ३१ </u>	.	
TITLE		☐ DELETE	2.1 Trice		,		L	_ Change	☐ Addition
NAME			2.2 NAMI						
STREET ADDRESS			ı	ET ADDRESS					
CITY-ST-ZIP		DELETE		-S1-ZIP				Change	Addition
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STREET ADDRESS	•			ET ADDRESS					
CITY-ST-ZIP			3.4. CITY						
TITLE		DELETE	4.1 TITLE				L.	Change	Addition
NAME			4. 2 NAM	E					
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CITY-ST-ZIP			4.4 CITY	· ST- ZIP					
TITLE		[_] DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAMI	ı					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CI Y				— г	Change	L Ad dilion
TITLE		☐ Official	6.1 TILLE				L	7 Attends	ווטווונטא 🗀
NAME CIPIET ADDRESS			6.2 N/MI	ET ADDRESS					
STREET ADDRESS									
14. I do hereby	certify that the information supp	lied with this filing does not qualif	64 CTY fy for the ex	emption st	ated in Section 119.07(3)(i),	Florida Statute	s. I further c	ertify that	the
information I am an offe	Indicated on this annual report of cer or director of the corporation	r supplemental annual report is to or the receiver or trustee empow or on an atlachment with an add	rue and co rered to exc	curate and	that my signature shall have	the same lega	I effect as if	made un	der oath; that