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 # P96000044199 (3)

D. FRED DEDRICK, P.A.

FILED May 22 1997 8:00am Secretary of State



Principa' Plac	Mailing Addres	s					190, 110,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2021 EAST COMMERCIAL BLVD SUITE 304 2021 EAST COMMERCIAL FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL					E 304				
						3. Date incorporated or Qualified 05/16/1996	3a. Da	te of Last F	Report
2. Principal P	Place of Business	2a. Mailing Add	ress			4. FEI Number			pplied For
1		26			المسلسسة والمراجعة المراجعة ا		iot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			:	cm \$8.75 Additions			Additional
2		27			:	5. Certificate of Status Desired	LJ	Fee R	Required
City & Stat	te	City & State				6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00) May Be
3		28			:	Trust Fund Contribution			to Fees
Zip	Country	Zip	c	ountry	7	8. This corporation has liability for	Intangible	tax under i	в. 199.032,
4	25	29	30				Yes Z		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	ıgent	
	averman, steven D P.A.			81	Name				
2021 EAST COMMERCIAL BLVD., SUITE 304 FORT LAUDERDALE FL 33308				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL	85 Zip	Code
				ļ		poration submits this statement for the ition's board of directors. I hereby acce			
SIGNATURE.	Signature, typicd or printed name of registered of OFFICERS A	agent and time if applicable	(NOTE Regist	***************************************	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	RS IN 12
TOLE	DPS		ELETE 1.1	TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	DEDRICK, D. FRED		1.2	2 NAME					
STREET ADDRESS	2021 EAST COMMERCIAL B	LVD., SUITE 304	1,5	STREET	T ADDRESS				
CITY - S1 - ZIP	FORT LAUDERDALE FL 333	08	1.4	CITY-	ST-ZIP				
TITLE				TITLE				Change	Additio
NAME			2.2	NAME					
STREET ADDRESS	}		2.5	3 STREE	T ADORESS				
CHTY-ST-7/P					ST-ZIP				
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NAME			3:	2 NAME	\		·		
STREET ADORESS			3:	STREE	T ADDRESS	i			
CITY-ST-ZIP					ST-ZIP				
TITLE				TITLE				Change	Additio
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Dity-St-ZiP	,			CITY-	· · · · · · · · · · · · · · · · · · ·				
THEF				TITLE	<u> </u>			Change	Addition
NAME				2 NAME					
STREET ADDRESS					T ADDRESS				
					: i				
CITY - ST - ZIP TITLE				1 CITY- 1 TITLE	······································			Change	Additio
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NAME OTHER ADODESS					·				
STHEFF ADDRESS					T ADORESS				
CITY-SI-7P			6.4	4 CITY-	ST-ZIP				

14. Let 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.