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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048591 (7)

FILED May 15 1997 8:00am Secretary of State

Processed Place of Eluments TAKIN OF FLORIDA AVENUE TAKING PLORIDA AVENU	DREAM	WANER NOWIES, INC.							I IO DITARA ILO TOTTO BILIN DADRI PODI AGRIC			
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2. Finicipal Place of Business 2a. Meiling Address 4. FEI Number Applied For Suife April viol. 5. Certificate of Status Desired 58.76 Additional For Required 72 72 73 73 74 74 75 75 75 75 75 75			12421 NO FL	12421 NO FLORIDA AVENUE								:
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25		Country	····									
COHN, HOWARD R 9835-9 BOCA GARDEN CIRCLE NORTH BOCA RATON FL 33496 82 Street Address (P.O. Box Number is Not Acceptable) 83	24	25	29		30							
Separation of Sections 607 0002 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent an infantion with, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 14. OFFICERS AND DIFFECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12. THE SECRETTIRY OFFICERS AND DIFFECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12. TAMMA 15. TAIL ATTLEY PLACE 1.3 STREET ADDRESS CITY-51-70 THE DELETE 1.3 TITLE 2.4 AMAR 2.3 STREET ADDRESS CITY-51-70 THE DELETE 3.3 TITLE 1.3 STREET ADDRESS 2.4 AGITY-51-72 THE DELETE 3.3 STREET ADDRESS CITY-51-70 THE DELETE 3.3 STREET ADDRESS CITY-51-70 THE DELETE 3.3 STREET ADDRESS 3.4 CITY-51-72 THE DELETE 3.5 TITLE 1.5 TITLE		. 9. Name and Address of Cu	rrent Registered Age	ent				1	Name and Address of New Re	gistered Agen	it	
9835-B BOCA GARDEN CIRCLE NORTH BOCA RATON FL 33498 2 Street Address (P.O. Box Number is Not Acceptable)	COF	IN. HOWARD R			8	1 1	lame					
BS City FL BS Zip Code	9635-B BOCA GARDEN CIRCLE NORTH					2 S	treet A	Address	ess (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent train familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS IN 12 (NOTE Registered Agent Egrapure required when retraiting) DATE 12. OFFICERS AND DIRECTORS IN 12 IN THE Change Addition of Section 607 0505, Florida Statutes. SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IN THE Change Addition of Section 607 0505, Florida Statutes. SECRETARY 13. IN THE CHANGES CITY SI 2P 14. ACTIVES 1-2P 15. TAMPA, FL 33604 16. Change Addition 17. ALTIVE CHANGES 17. SI 2P 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IN THE CHANGE AGENT ACCEPTANCY CHANGES TO OFFICERS AND DIRECTORS IN 12 IN THE CHANGE AGENT ACCEPTANCY CHANGE ACCEPTANCY CHANGE ACCEPTANCY CHANGE ACCEPTANCY CHANGE ACCEPTANCY CHANGE ACCEPTANCY CHANGE ACCEP					8	3	1					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby society the appointment as registered agent and martinar with, and accept the obligations of, Section 607 05:05, Florida Statutes SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE SECRETION DELETE 11 TITLE SECRETION A. CONN SIREL ADDRESS THAMPA, FL 336694 1160FF.S. 2P THE DELETE 21 TITLE 12 TITLE 21 TITLE 13 TITLE 10 DELETE 21 TITLE 14 TITLE 10 DELETE 31 TITLE 15 TAMPA, FL 336694 1460FF.S. 2P THE DELETE 31 TITLE 10 DELETE 31 TITLE 16 TAMPA ACCEPTANCE 15 TITLE 10 DELETE 31 TITLE 10 DELETE					8	4 C	ity			FL 85	Zip C	Code
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE											
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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.

SIGNATURE: