## 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 # P9600050530 (0)

FILED
Apr 15 1997 8:00am
Secretary of State

MYSTIC		Mailing Address 525 NW 22ND AVE FT LAUDERDALE FL 3331	1-7710		
				3. Date Incorporated or Qualified 06/12/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zyı	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
VE	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
KEATON, MICHELE 525 NW 22ND AVE					
				Street Address (P.O. Box Number is Not Acceptable)	
)			83		
			84 City		<b>65</b> Zip Code
				orporation submits this statement for the pu	<b>FL</b>
ägent. La SIGNATURE	am familiar with, and accept the obligions familiar with and accept the obligions familiar with the obligions of the obligations of the obligions of the obligations of the obligions of the obli	ations of, Section 607.0505, F	authorized by the corpolorida Statutes  TE: Registered Agent signature re	ration's board of directors. I hereby accept quired when renstating)  ADDITIONS/CHANGES TO OFFICE	DAYE
12.	( DP	DELFTE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	KEATON, MICHELE	Bases - 1 - 11 -	1.2 NAME		
STREET ADDRESS	525 NW 22ND AVE		1.3 STREET ADDRESS		
C(1Y - \$1 - Z(P)	FT LAUDERDALE FL 33311		1,4 CITY - ST - ZIP		
TITLE	DST WALDEN, JOHN	L.] DELETÉ	2.1 TITLE		Change Addition
NAME STREET ADDRESS	525 NW 22ND AVE		2.2 NAME		
CITY - ST - ZIP	FT LAUDERDALE FL 33311		2.3 STREET ADDRESS 2.4 City-St-Zip		
THE		☐ DELETE	3.1 TITLE		Change Addition
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	;	
CHY-SI-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4 1 TITLE 4 2 NAME	1	Circinge Cayonon
STREET ADDRESS			4 3 STREET ADDRESS	र्व	
CHY-ST-ZIF			4.4 CITY - ST - ZIP		
THLE		☐ DELETE	5.1 TITLE		Change Addition
NAME.			5.2 NAME		-7 K
STREET ACCURESS			5 3 STREET ADDRESS		O*\%\\
CHY-S1-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAM'S		First Street	6.2 NAME	10000214	5641
STREET ADDRESS			6 3 STREET ADDRESS	10000214 -04/17/970100	04035

14. I do hereby certify that the information supplied with this filing does not qualify 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.

64 CITY-ST-ZIP

SIGNATURE:

CHTY - ST - ZIP

PRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3-21-92

\*\*\*165.00

Daytime Phone #