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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 13 1997 8:00am

Secretary of State

N HORNIERN HIE HENNE BNOM BORH COMM BOND GOVER ARMI HERME GUND HENNE HAR HENDE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600057689 (7)

THE ULTIMATE DEMO, INC.

<u> </u>									
Principal Place of Business Mailing Address					•		. 1881:1881 (18 18:18 8):11 80:11 88:11 48:1	<b>                                    </b>	0119 (8)1 1981
900 S.W. 125TI	H WAY	900 S.W.	900 S.W. 125TH WAY						
BLD9. R101 PEMBROKE PINES FL 33027			BLDG. R101 PEMBROKE PINES FL 33027-1792						
							<ol> <li>Date Incorporated or Qualified 07/09/1996</li> </ol>	3a. Date of Las	t Report
2. Principal P	lace of Business	2a. Mailir	2a. Mailing Address				4. FEI Number		Applied For
21		26	26					73-	Not Applicable
Sulte, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired	5 \$8.7	5 Additional
22		27					8. Certificate of Status Desired	Fee	Required
City & State	9	City &	City & State				6. Election Campaign Financing		
23		28					Trust Fund Contribution		
Zip	Country	Zip			try		8. This corporation has hability for intangible tax under s 199.032,		
24	25	[29]	30				Florida Statutes Yes No  10, Name and Address of New Registered Agent		
LICH	9, Name and Address of	<del></del>	Agent		Nan		10. Name and Address of New Re	gistered Agent	
HELLER & BARNETT CORPORATE SERVICES					Nan	1 Name			
	N.UNIVERSITY DR.				32 Stre	Street Address (P.O. Box Number is Not Acceptable)			
PLAI	NTATION FL 33322								
				,	33				
No fine	e.			Ī	City			FL 85 Z	ip Code
11. Pursuant s	to the provisions of Sections 6	07 0502 and 607 150	R Florida Statut	les the abi	we-nam	ed cornor	ration submits this statement for the n		g its registered
office or re agent. I a	egistered agent, or both, in the m familiar with, and accout the	e State of Florida, Sue e obligations of, Secti	ch change was on 607.0505. FI	authorized orida Statu	by the c	orporation	ation submits this statement for the p n's board of directors. I hereby accep	it the appointment	as registered
SIGNATURE	,	•	,-						İ
	Signature, typed or printed name of regis			L Registered	Ngent signal	tore required	when reinstating)	DATE	
12. 6		RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE 7	D"		DELETE	11100	F	ŀ		L Chang	e L Addition
NAME OF	WONG, CARMEN W	DO 0404		1.2 NAN	IE				
STREET ADDRESS	900 S.W.1 25TH WAY BI		1.3 STREET ADDRESS			SS			
CITY-ST-ZIP	PEMBROKE PINES FL 33	5027			- ST - ZIP			· · · · · · · · · · · · · · · · · · ·	
TITLE			☐ DELETE	2.1 TITL	E			☐ Chang	e L. Addition
NAME				2.2 NAN	IF				
STREET ADDRESS				2.3 STR	ET ADDRES	SS .			
CITY-ST-ZIP	<b>-</b>		D Street		r - S1 - ZIP		y		
TITLE			☐ DELETE	3.1 7(7)				☐ Chang	e L_ Addition
NAME				3.2 NAME  3.3 STREET ADDRESS		.			
STREET ADORESS						SS			
CITY-ST-ZIP TITLE			DELETE		r-S1-ZIP			Chang	e Addition
NAME			E DECENE	4.1 TOL		1		<u> </u>	a Li Audillion
STREET ADDRESS				4. 2 NAM	-				
					ET ADDRES	,5			
CITY-ST-ZIP TITLE	<del></del>		DELETE	5.1 Till	- ST - ZIP	<del> </del>		Chang	e Addition
NAME			hand seathful	5.7 IIIC		[			Addition .
STREET ADDRESS				1	e Et addres	e l			
						23			
CITY-ST-ZIP TITLE			DELETE	6.1 TITL	-ST-ZIP			☐ Chang	e Addition
NAME				6.2 NAM				E CHRIS	
STREET ADDRESS					et addres	: .			
THE PERIOD				V.3 5 Int	CI NUUNILO	~			

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 changod, or on an attachment with an address.