## 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

## P96000059297 (7) DOCUMENT #

**FILED** Jan 24 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1776 N. PINE ISLAND ROAD SUITE 118 PLANTATION FL 33322  PLANTATION FL 33322-5200												
							07/15/	1996	or Qualified	3a. Da	ate of Last I	Report
2. Principal F	Place of Business	2a. Mailing Address					4. FEI Nur				A	pplied For
21		26			$\longrightarrow \downarrow$	65-0	68518	88			lot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				1	5. Certifica	ate of Status	Desired			Additional
City & Stal	10	City & State						<del></del>			lequired	
23	is a second of the second of t	28						Campaign Ind Contribi	-			May Be I to Fees
Zip	Country	Zip	Coun	try					s liability for			
24	25	29	30					Statutes		Yes [		
	9. Name and Address of Curre	ent Registered Agent					IO. Name i	and Addres	s of New Re	gistered	Agent	
	BINCHIK, HARVEY L		1	B1	Name							
1776 N. PINE ISLAND ROAD					Street /	Address	(P.O. Box	Number is	Not Acceptat	ole)		
	TE 118		<u> </u>	_								
PLA	INTATION FL 33322		8	93								
			8	84 (	City					FL	85 Zip	Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607 08 registered agent, or both, in the Sta am familiar with, and accept the oblined the section of the sectio			2	named ne corp	corpora potation	ation submit s board of		ment for the p hereby acce	ourpose o	f changing pointment	its registered s registered
12,		ND DIRECTORS	13.	rigoric.					ES TO OFFIC	ERS AND	DIRECTO	RS IN 12
THE	D	DELFTE	11111	E		18				,	Change	Addition
NAME	FINKELSTEIN, LEO		COMP	<u>dF</u>		LE	ROUX.	Rose	R W DR- 14293			
STREET ADDRESS	2035 ISLAND CIRCLE		1.3 STR	EET AD	DRESS	275	30 JH	Amroc	* DR-			
CITY-ST-ZIP	FORT LAUDERDALE FL 3332		1.4 CITY		ZIP	Ve	sice.	FL. 3	14293			
TRUE		☐ DELETE	2.1 T/TL		Ì	1	•				Change	Addition
NAME			2 2 NAM									
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CITY-ST-ZIP			44 CIT		- 1							
TITLE		DELETE	5 1 TITU								Change	Addition
NAME			5.2 NAN	ME								
STREET ADDRESS			5.3 STR	EET AD	DRESS							
C(TY - ST - ZIP			5.4 City	Y-\$1	ZIP			<del></del>				
BITLE		DELETE	6.1 TiTL	.E							Change	Addition
NAME			6.2 NAM	ΜE								
STHEET ADDRESS			6.3 STR	REET AC	ODRESS							
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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 of 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 exportation of t

**SIGNATURE**