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 # P96000060831 (0)

ANDREW S. TAUBMAN CPA, P.A.

FILED Apr 23 1997 8:00am Secretary of State



Principal Place of Business 1389 SOUTH UNIVERSITY DRIVE PLANTARON FL 33324		Mailing Address 1333 SOUTH UNIVERSITY DRIVE PLANTATION FT \$3324-4001		1 (100) Feel Indian Control of the C			
					3. Date Incorporated or Qualified 07/19/1996	3a. Date of La	·
2- Principal Pi	W. OAKLAND PARK	2a. Mailing Address	- DMa.H	10 PK bus	4. FEI Number	ļ	Applied For Not Applicable
Suite, Apt.	#, etc	Suite Apt. #, etc.	10010-110	<u> </u>		□ \$8.7	5 Additional
22 # 20%	&	27 # 202			5. Certificate of Status Desired	1 1 7 -	e Required
City & Strite 23 94 NR	ISE FLORIDA	City & State	ne	F	Election Campaign Financing Trust Fund Contribution	_ `	00 May Be led to Fees
Ziρ - 1 3.0.2.1	Country	7p 2011	Cour	ntry	8. This corporation has liability for		er s. 199.032,
24 7777	9. Name and Address of Currer	29 755]30		Florida Statutes 10. Name and Address of New Re	Yes No	
FCIA		it negisteren Agent		81 Name	IV. Hame and Address of the rip	Ristaten Waltr	***************************************
FEINSTEIN, MICHAEL 888 EAST LAS OLAS BLVD. #710 FORT LAUDERDALE FL 33301							
				82 Street Address (P.O. Box Number is Not Acceptable)		ile)	
			[83			
			}	84 City		85	Zip Code
					coration submits this statement for the p	FL	
SIGNATURE	Signature ty-disciplated name of regulated age	ent and title if applicable. (PID DIRECTORS	NOTE Registered	Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	TORS IN 12
TILLE	PVST	DELETE	1.1 717	LE T	ADDITIONATION TO CATTLE	Char	···
NAME	TAUBMAN, ANDREW S		1.2 NA	1			•
STREET ADDRESS	1333 SOUTH UNIVERSITY DR	IVE	1357	REET ADDRESS			
C/TY+S1+7/P	PLANTATION FL 33324		1.4 00	Y-ST-ZIP			
1:0.F		L DELETÉ	21 111			☐ Char	nge 🔲 Addition
NAME			2.2 NA	i			
STREET ADORESS			1	REET ADDRESS			
CATY ST-ZIP THLE		☐ DELETE	2, 4 U	TY-ST-ZIP LE	······································	☐ Char	nge Addition
NAME			3.2 NA	1			
STREET ADDRESS			3.3 \$1	REET ADDRESS			
CITY ST-ZIP				TY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
THEF		☐ DELETE	41 717	1		Char	ige Addition
NAME enote Laborities			4.2 N	AME Reet address			
STREET ADDRESS CITY: ST-ZIP			1	IY-ST-ZIP			
THE		DELETE	5.1 111		**************************************	Char	ge 🔲 Addition
NAME			5.2 NA	l .			
STREET ADDRESS			5.3 ST	REET ADDRESS			
COTY - ST - 7tP	And the second s			TY-ST-ZIP			·····
TITLE		[_] DELETE	6111	1		[_] Char	nge Addition
NAMÉ			62 NA				
STREET ADDRESS			1	REET ADDRESS			
City-St-7-P	by certify that the information supplie			TY-ST-ZIP			

. 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 proceiver 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 changon, or organ attachment with an address.

SIGNATURI

MANUN A THUMBUM OF COMPETER OF DIRECTOR DIRECTOR

4/17/97 984-149-987)