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 # P96000061175 (1)

AUUES	o of Rusinese	Mailing Address			
5940 S.W. 58TH COURT DAVIE FL 33314		5940 S.W. 58TH COURT DAVIE FL 33314-7310			1
				3. Date Incorporated or Qualified 07/22/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
 		26		65-0687871	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27			5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	├¬ ` ⊢	30	8. This corporation has liability for i	intangible tax under s. 199,032, Yes No
127	9. Name and Address of Curro		<u> </u>	10. Name and Address of New Re	
LEIE	BOWITZ, JERRY D		81 Name		
3181 W. HALLANDALE BEACH BLVD PEMBROKE PINES FL 33009			62 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the p	
agent I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized by the corpora ida Statutes.	poration submits this statement for the p ation's board of directors. I hereby accep	ot the appointment as registered
	Signature, typed or printed name of registered a		Registered Agent signature requ		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TOLE	D Solen, William)	☐ DELETE	1.1 TITLE		Change
NAME Orașiel appresas	5940 S.W. 58TH COURT		1.2 NAME		
STREET ADDRESS	DAVIE FL 33314		1.3 STREET ADDRESS		
CITY-S1-ZIP TITLE	DATIL I L COOTT	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		<u></u>	22 NAME		Diango Li rigolion
STREET AODRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY-ST-ZIP	· ·	吳等
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP		T ocurre	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME DIOCET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP THILE	NATION 1. 21. 100-10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	DELETE	5.4 CITY - ST - ZIP		Change Addition
NAME		<u> </u>	6.3 TITLE		Find change Find stronggood
PAME OTRECT ADDRESS			6.2 NAME		

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 chapted, or an an attachment with an address.

6.4 CITY - ST - ZIP

FILED

Feb 12 1997 8:00am

Secretary of State