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FLORIDA DEPARTMENT OF STATE

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May 16 1997 8:00am

## Sandra B. Mortham

1	AL REPORT 1 <b>997</b>			B. Mortha ary of State CORPORA	)	Secreta	ry of	f St	ate
DOCUN 1. Corporation		96000061	202 (3)						
Principal Place of Business  20185 EAST COUNTRY CLUB DRIVE APARTMENT 806 AVENTURA FL 33160		2018 APA	Mailing Address 20185 EAST COUNTRY CLUB DRIVE APARTMENT 906 AVENTURA FL 33180-3050						
						3. Date Incorporated or Qualified 07/22/1996	3a. Date	of Last Re	eport
<b>2</b> , Princ pal Pla <b>21</b> ]	nce of Business	26	Mailing Address			4. FEI Number 65 - 07/523		No	plied For t Applicable
Suite, Apr. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
City & State		28	City & State			Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added to	
Ζφ <b>24</b> ]	Countr <b>25</b>	29	?ip	30 Cou	ntry		Yes 🔀 l	No	199.032,
		ess of Current Registe	red Agent		81 Name	10. Name and Address of New Re	gistered Age	ent	
200-/	FE, LARRY A JOHN KNOX ROA AHASSEE FL 3230:				82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
				Ì	84 City		FL	5 Zip C	Code
11. Pursuant to	o the provisions of Sec	lions 607.0502 and 607	7.1508. Florida Statu	ites, the at	ove-named cor	rporation submits this statement for the	purpose of ch	anging its	s realstered
SIGNATURE		lions 607.0502 and 607 n, in the State of Florida copt the obligations of, it				rporation submits this statement for the ation's board of directors. I hereby acce	purpose of ch pt the appoin	anging its	s registered registered
SIGNATURE	Suprature: Typical or protect name		applicable (NC				purpose of ch pt the appoin		
SIGNATURE 5	Suprature typical or protect name C	e of registered agent and lise if DEFICERS AND DIRECT	applicable [NC	OTE Rogistered	l Agent signature requ	uired when reinstating)	purpose of chept the appoint  DATE  CERS AND DI		S IN 12
SIGNATURI 5	D MUNEY, CLIFFORI	e of registered agent and local OFFICERS AND DIRECT	applicable (NC	TF Registered	i Agent signature requ	uired when reinstating)	purpose of chept the appoint  DATE  CERS AND DI	RECTOR	S IN 12
SIGNATURE	D MUNEY, CLIFFOR 20185 E COUNTR	to of ingree and agent and book of FICERS AND DIRECT  DY CLUB DR., #906	applicable (NC	13. 1.1 TII	i Agent signature requ	uired when reinstating)	purpose of chept the appoint  DATE  CERS AND DI	RECTOR	S IN 12
SIGNATURE  12.  1714  NAME  STREET ADDRESS  CITY ST. 20	D MUNEY, CLIFFORI	to of ingree and agent and book of FICERS AND DIRECT  DY CLUB DR., #906	applicable (NC ORS DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 CI	I Agent signature required.  LE  IME  REET ADDRESS  IY-ST-ZIP	uired when reinstating)	purpose of ch pt the appoin DATE CERS AND DI	RECTOR Change	S IN 12 Addition
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