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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600063119 (7)

SEYMOUR N. BERZOFSKY, C.P.A., P.A.

FILED May 01 1997 8:00am Secretary of State

|--|

HOLLYWOOD FL 39021		5101 WEST PARK ROAD HOLLYWOOD FL 33021-4057					
					3. Date Incorporated or Qualified 07/26/1996	3a. Date of	Last Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI, Number		Applied For
ži į		26			65-067870	0	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional	
22		27		e, certificate of criation bearing	L	Fee Required	
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24]	Country 25	Zip 29	Countr 30	Ύ 	8. This corporation has liability for inlangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent		arani	10. Name and Address of New Re	distered Agen	t
	ZOFSKY, SEYMOUR N		8	1 Name			
	I WEST PARK ROAD Lywood fl 33021		62	Street Ado	ress (P.O. Box Number is Not Acceptab	lo)	THE PARTY STORY STATES OF THE
4 (), () () 4 (), () ()			8:	3			
€. 4			84	4 City	PERSONALIA, TENTETTI ELETTETTE DE METATE PAR TAL EL TENERALISTE PAR PARAMETER PARAMETER PARAMETER PARAMETER PA	FL 85	Zip Code
SIGNATURE	Signature, typed or printed name of registered age			gent signature requ	red whou rons along)	DATE	
12.	OFFICERS ANI	DIDIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12 Change
TITLE NAME	BERZOFSKY, SEYMOUR N		1.2 TITLE 1.2 NAME			ו_) נ	Shange Adultion
STREET ADDRESS	5101 WEST PARK ROAD		4	T ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-	1			
TITLE	D	DELETE	21 HHF				Change Addition
NAME	BERZOFSKY, CARYL		2.2 NAME				
STREET ADDRESS	5101 WEST PARK ROAD		2 8 STREE	T ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 City	- ST - ZIP			
TITLE		☐ DELETE	3 1 THUE			LJ	Change [] Addition
NAME			3.2 NAME	1			
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CHY 4.5 THEF	· SI · IIP		П	Change Addition
NAME			4 2 NAM	f			g
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	,		4 4 Cil Y-	ST-Z-P			
TITLE		DELETE	5 ! TITLE				hange Addition
NAME			5.2 NAME				
STREET ADDRESS	i • (5 9 STREE	T ADDRESS			
CITY-ST-ZIP	\		54 CHTY-	ST-7-P		·····	
TITLE		☐ DELETE	6.1 TITLE			[_] (Change
NAME			6.2 NAME	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZP I			

14. I do hereby certify that the information supplied with this filling 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 changed, or on an attribution with an address.

NATURE & COLUMN BRO TOLD

14/87 964-962-11