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

**PROFIT CORPORATION** ANNUAL REPORT **1997** 

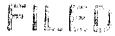


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000066827 (2)



97 JUN 20 AM, 7: 50

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  4218 N SURF ROAD HOLLYWOOD FL 33019  Mailing Address  4218 N SURF ROAD HOLLYWOOD FL 33019-4001						3. Date Incorporated or Qualified 3a. Date of Last Report			
						<ol><li>Date Incorporated or Qualified 08/07/1996</li></ol>	3a. Date of	Last He	eport
2. Principal Place	of Business	2a. Mailing Ad	dress		<del></del>	4. Ft. Number 65-06881	12 /		ppliod For
Suite, Apt. #, etc			26			43-06801			ot Applicable Additional
22]	<b>v</b> ,	27	, oto.			5. Certificate of Status Desired		Fee Re	
City & State		City & Stat	e			6. Election Campaign Financing	\$	5.00	May Be
23		28				Trust Fund Contribution			to Fees
. Ζφ	Country	Zip	ļ-···ŋ	Country	•	8. This corporation has liability for i	. ~ —		. 199.032,
24	25     Name and Address of Cu	29 rrent Registered Agen				Florida Statutes  10. Name and Address of New Reg	Yes No		
	FFANY M			81	Name				
	SURF ROAD				01 11	(0.0 C N )			
	OOD FL 33019			82	Street Ad	dress (P.O. Box Number is Not Acceptab	e)		
				В3					
*				84	City		<b>85</b>	Zip (	Code
4					-	prporation submits this statement for the praction's board of directors. I hereby accept	FL		
12.	ure, typed or printed name of registere OFFICERS	AND DIRECTORS		13.	T T	uired when reinstating) ADDITIONS/CHANGES TO OFFIC			
THILE D	LD, TIFFANY M	니	1	1.1 TITLE			٥ ليا	hange	Addition
	18 N SURF ROAD			1.2 NAME	ADDOCCO				
	LLYWOOD FL 33019			1.3 STREET 1.4 CITY - S					
TITLE				2 1 TITLE	1-20			hange	Addition
NAME				2.2 NAME	-	والأناف والأراف والمنافق والمناف والرافي والمناف والراف			
STREET ADDRESS				2 3 STREET	ADDRESS	8000022 -06/24/9	医丛清片	າໄປ: ~ ຊ⊸ເ1	112
C/TY-ST-ZIP	·			2. 4 CITY-	S1 - ZIP		<del>. 00              </del>	**16	
TITLE				3.1 TITLE		Terrorita Qeq		hange "	*Carlobba***********************************
NAME CTREET ADDRESS			1	3.2 NAME	1000000				
STREET ADDRESS				3 3 STREET					
CITY-ST-ZIP TITLE				3.4. CITY-: 4.1 TITLE	21-212		Пс	hange	Addition
NAME		_		4 2 NAME			Brief &		
STREET ADDRESS				4 3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CiTY - S	1 - ZIP				
TITLE			DELETE	5.1 TALE			□ c	hange	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP				5.4 CITY - S	1 - ZIP		17.	hange	Additor
TITLE		Ш		6.1 TITLE			نا لـــا	папуе	Addition
NAME . STREET ADDRESS				6 2 NAME 6.3 STREFT	ADDRESS				
<b>*</b>				v.a ətriti i	MUUNEOO				
CITY-ST-ZIP			▋,	6.4 CPY-S	7. 7iP				

I do needly certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida statutes. Further certify that information indicated on this annual report or supplemental annual report is true and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or husted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 II changed or on an attachment with an address