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

FILED May 02 1997 8:00am Secretary of State

ERC IN)			
Principal Place of Business Mailing Address 10340 NW 14TH STREET 10340 NW 14TH STREI PLANTATION FL 33322 PLANTATION FL 33322			1 200 11201 110 10110 \$1111 0011 00111 0011	u 2442 4715 51119 1 9 11	11 19 505 1111 1761	
				3. Date Incorporated or Qualified 08/08/1996	3a. Date of La	ist Report
2. Principal P	Place of Business	2a. Mailing Address 26		65-0692920)	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Ζφ 24	Country 25	Zip 29	Country 30		Yes 🔲 No	ler s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	····
COOPERMAN, HOWARD 10340 NW 14TH STREET PLANTATION FL 33322				ddress (P.O. Box Number is Not Acceptal	ole)	
			83 84 City		FL 85	Zip Code
office or r agent. La SIGNATURE	Signature, typical or printed name of registered as		is authorized by the corpx Florida Statutes. IOTE Registered Agent signature in 13.	orporation submits this statement for the pration's board of directors. I hereby acce	DATE	
THE	D OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Cha	
NAME STREET ADDRESS	COOPERMAN, HOWARD 10340 NW 14TH STREET	<u> </u>	1.2 NAME 1.3 STREET ADDRESS		مان رہے	iige 🗀 Abdition
CITY - \$1 - 74P	PLANTATION FL 33322		1.4 CITY-ST-ZIP			
TITLE NAME	D COOPERMAN, MARCIA	☐ DELETE	2.1 TITLE , 2.2 NAME		☐ Cha	nge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	10340 NW 14TH STREET PLANTATION FL 33322		2.3 STREET ADDRESS 2.4 City-St-Zip			
TULE NAME		DELETE	3.1 TITLE 3.2 NAME		L∷ Cha	nge L. Addition
STREET ADDRESS			3.3 STREET ADDRESS			
City - St - ZiP		Theire	3.4. CITY-ST-ZIP		<u> </u>	12.00
TITLE NAME		☐ DELETE	4.1 TITLE 4. 2 NAME		Cha	inge [_] Addition
STHEET ADDRESS			4.3 STREET ADDRESS			
SHY-S1-ZW		DELETE	4.4 CITY - ST - ZIP		Cha	nge Addition
TITLE NAME		L) vereit	5.1 TITLE		i cus	iigo [] Mudi(idii
STREET ADURESS			5.2 NAME 5.3 STREET AODRESS			
CHTY - ST - ZIF			5.4 CITY - ST - ZIP			
1:1LE		DELETE	6.1 TITLE		☐ Cha	inge Addition
NAME		_	6.2 NAME		-	
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-7iP			6 A CITY - ST-7IP			

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 tam an officer or director of the companion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name he same legal effect as if made under oath; that 607, Florida Statutes; and that my name tiam an officer or directo appears in Block 12 or