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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072868 (8)

MITCHELL H. KATLER & ASSOCIATES, P.A.

Principal Place of Business Mailing Address 3700 COCONUT CREEK PARKWAY 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33060 COCONUT CREEK FL 33066-1816 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1996 2, Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MANN, ANDREW L.P.A. 8211 W. BROWARD BOULEVARD 82 Street / **SUITE 310** 83 PLANTATION FL 33324 Zip Code / 84 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Section 607.0505, Florida Statutes. 11. Pursuant to the prov office or registered a agent. I am familiar j Catter Exa SIGNATURE AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change Addition THEF 1.1 TH LE KAHER NAME 1.2 NAME **CR2E034** 1.3 STREET ADDRESS STREET ADDRESS 14 C/(Y-ST-ZIP CITY-S1-78 Change Addition DILE 21 TITLE NAME 22 NAME SIREET ADDRESS 2.3 STREET ADDRESS 2.4 OTY-\$T-ZIP City - St - 70 DELETE 3.1 11 LE Change Addition TITLE 3.2 NAME NAM 3.3 STREET ADDRESS STREET ADDRESS 3.4. DITY-\$1-ZIP DHY-51-70 DELETE Change Addition 4.1 FITLE TIFLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CTY - ST - ZIP CITY-ST-ZIP DELETE ___ Add:tion 5.1 TITLE Change TOTAL 5.2 NAME MAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 OFTY-ST-ZIP City-St-ZP DELETE Change Addition 61 TITLE 1014 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 OTY-ST-ZIP

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

KAHER