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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000073672 (3)

Principal Place of Business Mailing Address  B625 NW 57TH COURT CORAL SPRINGS FL 33067  CORAL SPRINGS FL 33067							
CORAL SPRII	NGS FL 33067	CORAL SPRINGS FL 3306	37-2872				
					3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Rep	ort
2. Principal	Prace of Business	2a. Mailing Address			4. FEI Number 65-0696088	Appli	ied For
Suite, Apt	t #, etc.	Suite, Apt. #, etc.				\$0.75	Applicable ditional
22		27			5. Certificate of Status Desired	Fee Requ	
City & Sta	ite	City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 Ma	
Zip	Country	Zip	Coun	lry	8. This corporation has liability for i	<del></del>	
24	25 9. Name and Address of Current	29 Basistand Agent	30		Florida Statutes	Yes 🗌 No	
AD		negistered Agent	8	1 Name	10. Name and Address of New Ré	gistered Agent	
ABBOTT, ARGYLE 8825 NW 57TH COURT			9	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	PRAL SPRINGS FL 33067				uress (F.O. DOX NUMBER IS NOT ACCEPTED		
			8	3			
,			8	4 City		FL 85 Zip Co	de
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1508. Florida Statut	les, the abo	ve-named co	orporation submits this statement for the pration's board of directors. I hereby accept		egistered
agent 1	am familiar with, and accept the obligat	ions of, Section 607.0505, Fl	autnortzea orida Statul	by the corpor es.	ation's board or directors, I hereby accep	ot the appointment as req	gistered
SIGNATURE	Styr ature, typed or pricted name of registered agent	and title if appacable (NO)	F: Registered A	vaent slagature ten	suited when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	gov. eg interes	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLI			☐ Change	Addition
NAME	ABBOTT, ARGYLE		1.2 NAM				
STREET ADDRESS	8625 NW 57TH COURT CORAL SPRINGS FL 33067			ET ADDRESS - ST-ZIP			į
TITLE	DVS	DELETÉ	2 1 TITL			☐ Change	Addition
NAME	LEVIN, WAYNE		2 2 NAM	E			
STREET ADDRESS	DEFENDING DELCHIEF ANALA		•	et address			
CHY-SI-7IP TITLE	DEERFIELD BEACH FL 33441	DELETE	2. 4 City 3.1 TiTL			Change	Addition
NAME			3 2 NAM			La Stango L	
STREET ADDRESS			3 3 STRE	et address			
CITY-ST-7.P			3.4. CITY	-ST-ZIP			
TITLE		DELETE 4.11				Change [	Addition
NAME STRLET ACURESS			4. 2 NAM				
CHY-ST-ZIP			4.4 CITY	ET ADDRESS			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAM	- 1			**
STREET ADDRESS		•	5.3 STRE	ET ADDRESS			
C-TY-ST-ZIP		1 25.225	5.4 CITY				
Tillf		DELETE	6.1 TITLE			Change [	Addition
MAVE			62 NAM	E Í			

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 appears in Block 12 or Block 13 if chapted, or on an attachment with an addition.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS.

954-755-6887

**FILED** 

Apr 11 1997 8:00am

Secretary of State