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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075521 (0)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Par 1837 NE FOL	on Name LAND CORPORATION ce of Business URTH AVE JALE FL 33305	Mailing Address 1937 NE FOURTH AVE FT LAUDERDALE FL 3					ASSÉE, F	
					3. Date Incorporated or Qualified 09/09/1996	3a. Da	te of Last R	eport
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
1		26			65-0710788			t Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Sta	ite	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Ζφ 4	Country 25	Ζιρ 29	Court 30	try	This corporation has liability for Florida Statutes		tax under s	. 199.032,
' 	9. Name and Address of Currer				10. Name and Address of New Re			
RK	CHARDSON, GEX F			Name				
1935 NE FOURTH AVE FT LAUDERDALE FL 33305				32 Street Add	dress (P.O. Box Number is Not Acceptal	ble)		

			Į:	B4 City		FL	65 Zip (Code
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change wations of, Section 607,0505	atules, the ab as authorized . Florida Statu	ove-named cor by the corpora ites.	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appo	ointment as	registered
SIGNATURE:	Signature: typed or printed hanne of registered age	e of Florida. Such change waitions of, Section 607.0505.	as authorized , Florida Statu NOTE: Regislered	by the corpora	ation's board of directors. I hereby acce	pt the appo	oniment as	registered
SIGNATURE:	Signature: typed or printed hanne of registered age	of Florida. Such change wastions of, Section 607.0505.	as authorized , Florida Statu NOTE: Registered	by the corpora ites. Agent signature requ	ation's board of directors. I hereby acce	pt the appo	oniment as	registered
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4. To nereby certify that the information supplied with this filling does not quality 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 Brock 12 or Block 13 if chapter or i an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/24/47

954-627-5000

026133