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 # P96000076039 (2)

ROBERT SADER, P.A.

FILED Jan 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			LMD			
2200 WEGT COMMETICIAL BLVD.		2200 WEST COMMERCIAL BL/D. SUITE 301				
FT. LAUDERDALE FL 33309		FT: LAUDERDALE FL 32200 3054				
				 Date Incorporated or Qualified 09/12/1996 	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	1 1	Applied For
21 [90] (VI Cypress Creek The	aged, Juite 4	1/5	65-0706272		Not Applicable
Suite, Apt	Vi Cypress Creek A. # etc H Landondale,	Suite, Apt. #, etc.	77709	5. Certificate of Status Desired		Additional lequired
City & State	1 Laurence	City & State	J33 6 7	6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	. ~	s. 199.032,
24	25	29 30	0		Yes No	
	9. Name and Address of Currer		81 Name	10. Name and Address of New Reg	listered Agent	
SAL	DER, ROBERT	01 W. Cypers Creek	Road			
IVA	ON CORPORATE CENTER	of Waress Creek Eson Suite 413	82 Street Add	ress (P.O. Box Number is Not Acceptab	e)	
	• · · · · · · · · · · · · · · · · · · ·	E-301- 34/76 //9	83			
FI.	LAUDERDALE FL 33309		65			
			84 City		65 Zip	Code
44 Dura ant	15 No 200 at 200	10 and CO7 1800/Florido Statutos	the chara period cor	paration submits this statement for the sa	FL	ita registered
office or r	egistered agent, or both, or the State	of Florida/Such change was aut	horized by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	I the appointment a	is registered
agent La	m familiar with, and recept the oblig	ations of, Section 607, 0505, Florid	da Statutes.			
SIGNATURE	1/5-624	SUL			DATE	
12.	Signaturii Typedi ir printa name of registricto ași OFFICERS AN	D DIRECTORS	tegistered Agent signature requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONAL TO COLOR	Change	
NAME	SADER, ROBERT		1.2 NAME			
STREET ADDRESS	8864 N.W. 2ND STREET		1 3 STREET ADDRESS	•		
CITY - ST - ZIP	CORAL SPRINGS FL 33071		14 City-ST-ZiP			
TITLE	00172 01711100 12 0007	DELETE	21 TITLE		☐ Change	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-SI-7IP			2. 4 CiTy - ST - ZiP			}
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			Ì
TITLE	<u> </u>	DELFTE	41 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			}
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME		-	ŀ
STREET ADDRESS			5 3 STREET ADDRESS			ነ
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		Change	Addition
NAME		— * **	62 NAME			*
STREET ADDRESS			63 STREET ADDRESS			
CITY - ST - ZIP			6 4 CITY - ST - ZIP	d in Contion 110 07(2Vi) Florido Statutos	I di sella an annidi i dia	

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 ham 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 changed, or on an attachment with an aridress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE