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

PROFIT CORPORATION ANNUAL REPORT

1997

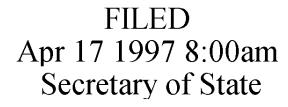


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000076431**



TORBAY		0000001	0101 (1)						
Principal Place of Business Mailing Address									
13020 NW 1ST STREET PLANTATION FL 33325			13020 NW 1ST STREET PLANTATION FL 33325-2222						
						3. Date Incorporated or Qualified 09/13/1996	3a. Da	ale of Last Re	eport
2. Principal Pla	ace of Business	2a 26	. Mailing Address			4. FEI Number			oplied For of Applicable
Suite, Apt. #	#, etc.	27]	Suite, Apl. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional
City & State)		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		· · · · · · · · · · · · · · · · · · ·	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9 Name and Add	29 ress of Current Regis	stored Agent] 3 0]		Florida Statutes 10. Name and Address of New F			
7AR/	ALA, JON X,	ioos of outlett flegit	stered Agent	81	Name	TO, Watte Bild Address of New P	ogistorea z	-you	
1302	O NW 1ST STREET	ſ		82		dress (P.O. Box Number is Not Accept	able)		
PLAN	NTATION FL 33325		83		The second secon				
				84	City			85 Zip (Sode
			alandakan kumpun Manum		l		FL	.	
agent. Lan SIGNATURE	m f a miliar with, and ad	ccept the obligations o	of, Section 607.0505, FI	orida Statute:	3.	rporation submits this statement for the alion's board of directors. I hereby accurred when renstating)		ointment as	registered
12.		me of registered agent and little OFFICERS AND DIFFE		13.	ini signature redi	ADDITIONS/CHANGES TO OFF	DATE.	DIRECTOR:	S IN 12
TITLE	PSTD		☐ DELETE	111BLE	T			Change	Addition
NAME	ZABALA, JON	X .		12 NAME					
STREET ADDRESS	13020 NW 1ST S			13 STREET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL	33325		14017-9	I - ZIP				
THTLE			☐ DELETE	2.1 TITLE				Change	Addition
NAME				22 NAME					
STREET ADDRESS				2 3 STREET					
CITY-ST-ZIP TITLE			DELETE	2 4 CHY-:	\$1 - ZIP .			Change	Addition
NAME				3.1 THLE 3.2 NAME				L_) Gridings	F"] Yourou
STREET ADDRESS				3.3 STREET	ADINDECC				
CITY-ST-ZIP				3.4. CHY-1					
TITLE			DELFTE	4.1 TILE	···			Change	Addition
NAME			•	4. 2 NAME				·	_
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 C(1Y - S					
TITLE		•	DELFTE	5.1 TITLE		***************************************		Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 \$1RECT	ADORESS				
CITY-ST-ZIP				5.4 CITY - S	1-2IP				
TITLE			DELETE	6.1 TITLE				☐ Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - S	1-21P				

14. I do hereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 address.