## 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 # 1. Corporation Name P96000078902 (9)

## **FILED** Apr 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  10812 NW 46TH DR. 10812 NW 46TH DR. CORAL SPRINGS FL 33076-2133							·				
								3. Date Incorporated or Qualified 09/23/1996		ate of Last F	
2. Principal Place of Business 21				2a, Mailing Address 26 P.O. B. x 4780			4, FEI Number		A	pplied For	
							70	65-0729753			ot Applicable
Suite, Apt #, etc 22			27				5	5. Certificate of Status Desired			Additional equired
City & State				City & State 28 F L			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip		Country		Zip	Co	untry	/	8. This corporation has liability for	ntangible		
24	25	Broward	29	33075	30	Br	rwand		Yes		
	9. Name an	d Address of Current	Regis	tered Agent		I		10. Name and Address of New Re			
Fill	NGS, INC.					81	Name				
3732 N.W. 16TH STREET						82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	* <u></u>	
FT. LAUDERDALE FL 33311-4132											
						84	City		FL	<b>85</b> Zip	Code
SIGNATURE		of registered agon	t and tale	if applicable (N		og A be	ent signature require	oration submits this statement for the pon's board of directors. I hereby accepted when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE		
TOLF	D			DELETE		TITLE	T			Change	☐ Addition
NAME	JOHNSON,	HAZEL		•	1.2	NAME					
STREET ADDRESS	10812 NW				1.3	STREET	ADDRESS				
CITY-S1 ZIF		INGS FL 33076			1.41	CITY-S	ST-ZIP	•			
TOTALE		C. T. Section T. T. T. E.		DELETE		TITLE			<del></del>	Change	☐ Addition
NAME					2.21	NAME		•			
STREET ADDRESS					2.3	STREET	ADDRESS	•	Later 11		
CHY+ST-74P							ST-ZIP		·	——————————————————————————————————————	F-17"27
TITLE				DELETE	1	TITLE			•	Change	
NAME	}				- 1	NAME					
STREET ADDRESS							ADDRESS				
COLVEST ZIP	<b></b>			DELETE		CITY-:	ST-ZIP	·*************************************		Change	Addition
[	(			F-1 PERCIL	- 1	NAME		,		Cuantic	
NAME STREET ADDRESS							ADDRESS				
City-St-Zift						OITY-S		1.7			
11'(E				DELETE		TITLE	21-EII			Change	Addition
NAME					- 8	NAME	1	•			
SURFEL ADDRESS					1		ADDRESS				
CHY-ST-Z0	1						ST-ZIP				
1 115				DELETE		TITLE	· · · · ·			Change	Addition
NAME						NAME		<b>'</b>		_ <del></del>	
STREET ADDRESS	}						ADDRESS				
City · S1 · 7IP	-	•					ST-ZIP	1			
	4						<del></del>	<del></del>			

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 uncertor 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 address.

Mar. 30, 1487