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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham!

Secretary of State DIVISION OF CORPORATIONS

## 1997

## **FILED** Apr 07 1997 8:00am Secretary of State

| Principal Place of Business 380 SW 8TH STREET OMPANO BEACH FL 33069  |  |  | 1380 SW   | Mailing Address 1380 SW 8TH STREET POMPANO BEACH FL 33089-4500 |   |                                 |  |                          |                       |                                       |   |
|--|--|--|---|--|---|---------------------------------|--|--------------------------|-----------------------|---------------------------------------|---|
|  |  |  |   |  |   |                                 | ate Incorporated c                           | r Qualified              | 3a. D.                | ate of Last i                         | Report  |
| 2. Principal Pr  | ace of Busines   | S  | 2a. Mail  | ing Address  |   | 4. FI                           | El Number                                    | 400                      | _ <del></del><br>/    | I                                     | pplied For  |
| 1  |  |  | 26  |  |   | 4                               | 5-069  | 7494                     | <u> </u>              |                                       | lot Applicab  |
| Suite, Aptili<br>Ti  | #, etc.  |  | F1  | a, Apt. #, etc.  |   | 5. C                            | ertificate of Status                         | Desired                  |                       | •                                     | Additional  |
| 2 City & State   |  |  | 27 Ciby   | & State  |   |                                 |  | P                        |                       |                                       | lequired  |
| 23   |  |  | 28  | B Mato   |   |                                 | lection Campaign I<br>rust Fund Contribu     | -                        |                       |                                       | May Be<br>I to Fees                                   |
| <b>Ζ</b> (ρ)   |  | Country  | Zip   | . ,  | Country   |                                 | his corporation has                          |                          |                       |                                       |   |
| 24   | 25   | 1  | 29  |  | 30  |                                 | orida Statutes                               |                          | Yes [                 |                                       | b. 100,002.,  |
|  | 9. Name an   | d Address of Cu  | rrent Registered  | Agent  |   | △ 10. N                         | lame and Address                             | of New Re                | gistered              | Agent                                 |   |
|  | KRAFT, PATRICK   |  |   |  | 81 Name   | atric                           | k Koof                                       | 7                        |                       |                                       |   |
|  | NORTH UNI  |  |   |  | 82 Street   | ddress (P.O                     | . Box Number is N                            | lot Acceptat             | ble)                  |                                       |   |
| TAM  | ARAC FL 333  | 21   |   |  | 83  | 32 1                            | VE do"                                       | <u> 7</u>                |                       |                                       | ,   |
| •  |  |  |   |  | 83  |                                 |  |                          |                       |                                       |   |
|  |  |  |   |  | 84 City   | 1-                              | da alah                                      |                          | FL                    | 85 Zip                                | Code  |
|  |  |  |   |  |   |                                 |  |                          | r.                    | - 1 15:                               | $SOO_{-}$   |
| • Porsonasti   | In the provision   | s of Sections 607  | 0502 and 607 15   | 08 Florida Stati   | ites the above-named o  | corporation s                   | submits this statem                          | ent for the              | DUITOOSO O            | f channing                            | its real@lere   |
| 11. Pursuant i   | to the provision<br>egistered agen   | s of Sections 607<br>t, or both, in the S                      | .0502 and 607.15<br>tate of Florida, Su                       | 08, Florida Statu<br>uch change was                            | utes, the above-named of authorized by the corpo  | corporation so<br>oration's boa | submits this statem<br>and of directors. I   | ent for the pereby acce  | purpose o             | of changing<br>cointment a            | its registere<br>s registered                         |
| agent La   | to the provision<br>egistered agen<br>in familiar with,                    | s of Sections 607.<br>t, or both, in the S<br>and accept the o | .0502 and 607.15<br>tate of Florida. Su<br>bligations of, Sec | 08, Florida Statu<br>ich change was<br>tron 607.0505, F        | utes, the above-named of<br>authorized by the corpo-<br>lorida Statutes.  | corporation s<br>oration's boa  | submits this statem<br>and of directors. I h | nent for the pereby acce | purpose of pt the app | of changing cointment a               | its registere<br>s registered                         |
| 11. Pursuant i<br>office or n<br>agent. La<br>SIGNATURE  | to the provision egistered agen in familiar with,                          | s of Sections 607,<br>t, or both, in the S<br>and accept the o | bligations of, Sec  | tion 607.0505, F   | utes, the above-named of authorized by the corporation Statutes.  |                                 |  | ent for the pereby acce  | purpose of the app    | of changing<br>pointment a            | its registered<br>s registered                        |
| agent La<br>SIGNATURE  | to the provision<br>egistered agen<br>in familiar with,<br>signal typecers | and accept the o   | bligations of, Sec  | tion 607.0505, F<br>sable (NC<br>S                             | -lorida Statutes.   | equired when rei                |  | 3-                       | 3/-9<br>DATE          | 7                                     | RS IN 12  |
| agent La<br>SIGNATURE  | to the provision egistered agon in familiar with,                          | and accept the o   | bligations of, Sec  | tron 607.0505, F   | Florida Statutes.<br>DTE: Registered Agent signature re   | equired when rei                | instating)                                   | 3-                       | 3/-9<br>DATE          | 7                                     | RS IN 12  |
| agent La   | to the provision egistered agen in tamillar with                           | and accept the o   | bligations of, Sec  | tion 607.0505, F<br>sable (NC<br>S                             | Torida Statutes.  TE: Registered Agent signature re   | equired when rei                | instating)                                   | 3-                       | 3/-9<br>DATE          | 7<br>D DIRECTO                        | RS IN 12  |
| agent La SIGNATURE  12. HILL NAME  | to the provision egistered agen familiar with,                             | and accept the o   | bligations of, Sec  | tion 607.0505, F<br>sable (NC<br>S                             | TIOTICIA Statutes.  TE: Registered Agent signature in 13.  1.† TITLE  | equired when rei                | instating)                                   | 3-                       | 3/-9<br>DATE          | 7<br>D DIRECTO                        | RS IN 12  |
| agent La<br>SIGNATURE<br>12.<br>HILE<br>NAME<br>SIRSELADURESS<br>CITY-ST ZIP   | to the provision egistered agen familiar with,                             | and accept the o   | bligations of, Sec  | tion 607,0505, F<br>lattin (NC<br>S<br>DELETE                  | 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  | equired when rei                | instating)                                   | 3-                       | 3/-9<br>DATE          | D DIRECTO                             | RS IN 12  |
| agent Ta<br>SIGNATURE<br>12.<br>HITE<br>NAME<br>SIR*FLADURESS<br>CITY-SLZIP<br>TITLE   | Fatta  | or of regions  | bligations of, Sec  | tion 607.0505, F<br>sable (NC<br>S                             | 171: Registered Agent signature in 13. 1: FIFE 1: NAME 1: STREET ADDRESS 1: 4 CTY-ST-ZIP 2: 1 TITLE   | equired when rei                | instating)                                   | 3-                       | 3/-9<br>DATE          | 7<br>D DIRECTO                        | RS IN 12  |
| agent Ta<br>SIGNATURE<br>12.<br>HITE<br>NAME<br>SIRPET ADDRESS<br>CITY-ST ZIP<br>TITLE<br>NAME   | Fature ST 94   | OFFICERS   | bligations of, Sec  | tion 607,0505, F<br>lattin (NC<br>S<br>DELETE                  | 171: Registered Agent signature in 13. 1:1 TITLE 1:2 NAME 1:3 STREET ADDRESS 1:4 CITY-ST-ZIP 2:1 TITLE 2:2 NAME   | equired when rei                | instating)                                   | 3-                       | 3/-9<br>DATE          | D DIRECTO                             | RS IN 12  |
| agont Ta<br>SIGNATURE<br>12.<br>HITE<br>NAME<br>SIRFET ADJRESS<br>CITY-ST ZIP<br>TITLE<br>NAME<br>SIRFET ADDRESS   | PST9   | OFFICERS  OFFICERS  OFFICERS  Skow, tz                         | bligations of, Sec<br>and and title if apoli<br>AND DIRECTOR  | tion 607,0505, F<br>lattin (NC<br>S<br>DELETE                  | 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS   | equired when rei                | instating)                                   | 3-                       | 3/-9<br>DATE          | D DIRECTO                             | RS IN 12  |
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| agont Ta<br>SIGNATURE<br>12.<br>Time<br>NAME<br>SIRSELADORESS<br>OBY-SI-ZIP<br>TIME<br>NAME<br>SIRSELADORESS<br>OBY-SI-ZIP   | PST9   | OFFICERS  OFFICERS  OFFICERS  Skow, tz                         | bligations of, Sec<br>and and title if apoli<br>AND DIRECTOR  | tion 607,0505, F<br>lattin (NC<br>S<br>DELETE                  | 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS   | equired when rei                | instating)                                   | 3-                       | 3/-9<br>DATE          | D DIRECTO                             | AS IN 12 Additi                                       |
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| agont Ta<br>SIGNATURE<br>112.<br>THE<br>NAME<br>SIRFELADIRESS<br>CHY-ST-ZIP<br>THEE<br>NAME<br>SIRFELADIRESS<br>CHY-ST-ZIP<br>THEE<br>NAME<br>SIRFELADIRESS<br>CHY-ST-ZIP  | PST9   | OFFICERS  OFFICERS  OFFICERS  Skow, tz                         | bligations of, Sec<br>and and title if apoli<br>AND DIRECTOR  | THOM 607.0505, F   | 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADORESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADORESS  3.4 CITY-ST-ZIP   | equired when rei                | instating)                                   | 3-                       | 3/-9<br>DATE          | D DIRECTO Change Change               | RS IN 12 Addition Addition Addition                   |
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