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 # P96000082299 (4)

ALLAN SERCHAY, P.A.

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							
•	ce of Business IRD AVE. #110	Mailing Address 5310 NW 33RD AVE.	10 N.W. 33RD AVE. #110				
	RDALE FL 33309	FORT LAUDERDALE FI					
					3. Date Incorporated or Qualified 10/01/1996	3a. Date of La	st Report
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26	<u> </u>		65-6698227		
Suite, Apt. #, etc.		Suite, Apt #, etc.	27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 City & Sta		City & State	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry	8. This corporation has liability for i		er s. 199.032,
24	25 9. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Re	Yes X No	
OF.		ent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
SERCHAY, ALLAN 5310 N.W. 33RD AVE. #110							
	RT LAUDERDALE FL 33309				ddress (P.O. Box Number is Not Acceptable)		
,,,	MI DAUDENDALL I'L 00000		,	83		······································	
				B4 City		FL 85	Zip Code
11. Pursuan office or agent. I	t to the provisions of Sections 607.05 registered agent, or both, in the Stal am familiar with, and accept the obli	02 and 607.1508, Florida Sta le of Florida. Such change w gations of, Section 607.0505	atutes, the al as authorized . Florida Stat	L L bove named co d by the corpor lutes.	rporation submits this statement for the p ation's board of directors. I hereby accep		ng its registered t as registered
SIGNATURE							
12.	Signature, typed or printed name of registered a	gent and title if applicable. (ND DIRECTORS	NOTE: Registered	d Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12
TITLE	TDIP /T	DELETE	1.1 1/	115	ADDITIONS/OFFAINGES TO OFFICE	Cha	
NAME	SERCHAY, ALLAN		1.2 N	1			igo <u>Cu</u> j saamon
STREET ADDRESS	PARALLES BADD AVE MAIN			IRECT ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	9		TY-ST-ZIP			
TITLE		DELFTE	217/			☐ Chai	nge 🔲 Addition
NAME			2.2 N/	AME	•		
STREET ADDRESS			2.3 \$1	IREET ADDRESS			
CITY-ST-ZIP			2.40	ITY-ST-ZIP			
TITLE		☐ DELETE	3.1 70	ILE		☐ Chai	nge 🔲 Addilion
NAME			3.2 N/	AME			
STREET ADDRESS			3.3 51	IREE1 ADDRESS			
CITY-ST-ZIP				ITY-S1-ZIP			
TITLE			(4.1 ft)	TLE		L Cha	nge L Addition
NAME			4.2 N	IAME)			
STREET ADDRESS				TREFT ADDRESS			
CITY-ST-ZIP				1Y-ST-ZIP			1449
TITLE		LI DELETE	51 1 1			☐ Chai	nge L Addition
NAME		·	5 2 N/				
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP		DELETE		11Y - S1 - ZIP		1 Cha	nge 🔲 Addition
TITLE		☐ DETER	6.1 †[☐ Cha	iñe (*) Virinioù
NAME ATRICET ADDRESS			6.2 NA				
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				TV-ST-ZIP	ed in Section 119.07(3)(i), Florida Statute		

I do nereby certify that the information supplied with this filling does not quality for the exciription stated in Section 119.07(3)(i), Florida Statutes. 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 Block 12 or Block 13 if chapted, or on an attachment with an address.