SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000083806 (5)

FILED Aug 06 1997 8:00am Secretary of State

HOLD U	ONSULTANTS COMPONATION	UN									
Principal Place	ce of Business	Maiti	na Address						 		
			Mailing Address				ĺ				
1398 NORTHWEST 126TH WAY					∤A Y						
Opinior 15 aggs							}	DO NOT W	RITE IN TH	IS SPACE	
							3.	Date Incorporated or Qualif	ied 3a.	Date of Last R	Report
								10/07/1996	1		
2. Principal Place of Business 2a. Mailing Address								FEI Number	= 1 C	A	pplied For
21		26					<u>(</u>	5-0725	167	No	ot Applicable
Suite Apt.	#, etc.	Si	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional
22		27									equired
City & Stat	le		City & State					6. Election Campaign Financing \$5.00 May Be			
23	Country	7in Country				Trust Fund Contribution					
Zip 24		Country Zip						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25] 9. Name and Address of Curre	29 nt Register	ed Agent	30	7			Name and Address of New			
un	***************************************	1.0910101			81	Name	10.		·····	ragerit	
	MIGHT, MARVIN										
1398 NORTH WEST 126TH WAY SUNRISE FL 33323					82	Street .	Address (P.	ress (P.O. Box Number is Not Acceptable)			
301	INNISE FL 33323				83						
					84	City			F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607	1508 Florida Stati	ites the a	bove	e-named	corporation	a submits this statement for t	he purpose	e of changing it	ts registered
office or	to the provisions of Soctions 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida.	Such change was	authorize	d by	the corp	oration's b	oard of directors. I hereby a	ccept the ε	ppointment as	registered
	am tamiliar with, and accept the oblig	gations of, S	ection 607.0505, F	Iorida Sta	tutes	ŝ.					
SIGNATURE	Signature, typed or printed name of registered ag	and little if an	volicable (NC	TF: Rogistore	d Ana	ont elemeture	required when	(poils laries	DATE		<u> </u>
12.	OFFICERS AN			13.	a rige	in signature		ADDITIONS/CHANGES TO O			RS IN 12
TITLE	D		DELETE	1,1 (TLE				· .	Change	Addition
NAME	HOOKER, GEORGE A			1.2 N	AME						
STREET ADDRESS	1398 NORTHWEST 126TH W.	ΆΥ		1.3 \$	TREET	ADDRESS		•	•		
CITY-ST-ZIP	SUNRISE FL 33323			1.4 0	ITY-S	T-ZIP					
TITLE			DELETE	2.1 1						☐ Change	☐ Addition
NAME	ļ			2.2 N	AME						1
STREET ADDRESS				2.3 \$	TREET	ADDRESS					1
CITY-ST-ZIP				2 40	ATY-S	ST-ZIP					1
TITLE			DELETE	31 TI	TLE					☐ Change	Addition
NAME				3.2 N	AME						
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP				3.4. 0	IIY-S	ST - ZIP					
TITLE			☐ DELETE	4.1 JI	TLE					☐ Change	Addition
NAME				4. 2 N	IAME						ŀ
STREET ADDRESS				4.3 \$	TREET	ADDRESS					
CITY-ST-ZIP				4.4 C	(1Y-S	1-ZIP					
TITLE			☐ DELETE	5.1 70	TLE					☐ Change	☐ Addition
NAME				5.2 N	AME						
STREET ADDRESS				5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP				5.4 C	11Y-S	1 - ZIP					
TITLE			☐ DELETE	6.1 TI	1LE					☐ Change	☐ Addition
NAME	·			6.2 N	AME						
STREET ADDRESS				6.3 ST	TREET	ADDRESS					
CITY-ST-ZIP					TY-\$1			· · · · · · · · · · · · · · · · · · ·			
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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 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 charged, or on an attachment with an address.