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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600084414 (7)

## **FILED** May 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3600 S. OCEAN DRIVE 3800 S. OCEAN DRIVE SUITE 235 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019-291			115				
	·	•			3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Report	
	lace of Business	2a. Mailing Address			4. FEI Number 65-0710479	Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		- · · · · · · · ·	Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & Stat	C	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Co	iry	8. This corporation has liability for i		
24	25	29	30			Yes No	
9. Name and Address of Current Registered Agent				31 Name	10. Name and Address of New Registered Agent		
SUN HOL	0 S. OCEAN DRIVE TE 235 LYWOOD FL 33019  to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607 1508, Florida Statu ite of Florida Such change was igations of, Section 607.0505, Fl	tes, the at authorized orida Stat	83 84 City	Address (P.O. Box Number is Not Acceptable of the pooration's board of directors. I hereby acceptation's board of directors. I hereby acceptation's board of directors.	FL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered a	apont and title Lanchcable. (NO	L: Repistered	Agent Blonature	regulfed when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
THUE	PO	DELETE	1111	LE		☐ Change ☐ Addition	
NAME SYREET ADDRESS	GOLDWYN, OWEN L 3800 S. OCEAN DRIVE		1 2 N/ 1.3 ST	ME REET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL 33019			TY-ST-ZIP			
THILE	SD	DELETE	2.1 (1)	UE		Change Addition	
NAME	APELL, DOROTHY		2.2 N/	ME ]			
STREET ADDRESS	3800 S. OCEAN DRIVE			reet address			
CHY-ST-ZIP	HOLLYWOOD FL 33019	Locuste		ITY-ST-ZIP		Change Addition	
TIFLE		☐ DELETE	3.1 TV		Throat		
NAMI			3.2 N/		APEAN, NOSEPHOLINE		
STREET ADDRESS				REET ADDRESS	APELL, FOSEPH 3800 S. OCEAN DRWG MONYWOOD, KI 33.	010	
CITY-ST-70P		T DELETE	3.4. C	TY-ST-ZIP	MOHY WOUN, MI DO	Change Addition	
1111 E	1	I I DELETE	■ 41H	or I	1		

6.4 CITY-ST-ZIP CHY-ST-ZP 14. I do hereby certify that the information copplied 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 of 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 imposition 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

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAMI

Title

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CHIY-ST-Zif

CHY-S1-ZIP

DELETE

DELETE

954 457 0606

Addition

Addition

Change

Change