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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1997 8:00am

Secretary of State

954.427.9998

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091066 (6)

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Principal Place	o of Puelness	Mailing Addison			
8002 NW 73RD		Mailing Address 6002 NW 73RD CT			
PARKLAND FL 33067 PARKLAND FL 33067-2446					
<u> </u>					3. Date Incorporated or Qualified 3a. Date of Last Report 11/04/1996
2. Principal Place of Business 21		2a. Mailing Address 26			4. FE Number 707980 Applied For Not Applied
Sulte, Apt. #, etc. 22 City & State		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28	T - Co		Trust Fund Contribution
24	25	Zip [29]	Coun	пу	8. This corporation has liability for intangible tax under s, 199.032, Florida Statutes
571	g, Name and Address of Curre		1901		10. Name and Address of New Registered Agent
ISMA	ACH, MARK D		8	1 Name	
eggs and zong of				12 Street Add	dress (P.O. Box Number is Not Acceptable)
PAR	KLAND FL 33067				
A			1	3	
			1	4 City	FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607 050	02 and 607 1508 Florida Statu	tes the abo	ve-named co	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
-	m taminar with, and accept the bong	jations of, Section 607.0303, 1	ionua statu	.69.	
SIGNATURE	Signature, typed or proted name of registered ag	ort and title if applicable (NO	t Registered	per stutengia traga	juliced when reinstating) DATE
12,		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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NAME STREET ADDRESS			1	ET ADDRESS	
CITY+ST-ZIP			6.4 CITY		
14 I do hereb	by certify that the information supplie	d with this filing does not qual	ify for the e	remotion state	ed in Section 119.07(3)(i), Florida Statutes, I further certify that the
Information I am an of appears in	n indicated on this annual report or s fficer or director of the corporation o n Block 12 or Block in hanged, o	supplemental annual report is ritto robelver or trustee empor tron an altachment with ay ag	true and ac yered to ex- dress.	curate and tha ecute this repo	at my signature shall have the same logal effect as if made under oath; to ort as required by Chapter 607, Florida Statutes; and that my name