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

PROFIT CORPORATION ANNUAL REPOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1997 8:00am

0151285

	1997	G 57	Secretary of S ON OF CORPO	7	Secretar	y of State
DOCUN 1. Corporation	MENT # PORO	00091214	(2)			
Principal Place	e of Business	Mailing Address			-{	[01/40 16/6 / 1/11/ 1/11/ 1/11/ 1/10/ 1/10/ 1/10/
8704 N.W. 35TH STREET			8704 N.W. 35TH STREET			
SUITE 206 CORAL SPRINGS FL 3306S		SUITE 206 CORAL SPRINGS I	SUITE 208 CORAL SPRINGS FL 33065-4328			
					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		2a, Mailing Addre	ss		11/06/1996 4. FEI Number	Applied For
21		26			59-340936	Not Applicable
Suite, Apt. #, etc. 22		 	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
24	Country 25	Z(p	30	ountry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032. ☐ ☐ Yes ☐ No
	9. Name and Address of Cu				10. Name and Address of New Re	
	LINE, BRYAN S			81 Name		
2017 MAPLEWOOD DRIVE CORAL SPRINGS FL 33071				82 Street Addre	ess (P.O. Box Number is Not Acceptat	ole)
CON	INL OF MINOS I L SOU!			B3	**************************************	
				84 City		85 Zip Code
11 Pursuant t	to the provisions of Sections 607	0502 and 607 1508. Florida	Statutes the	above-named corp	pration submits this statement for the p	FL B3 Zip Code
office or re agent. Lar	egistered agent, or both, in the S	tate of Florida. Such chang	e was authori 505. Florida S	zed by the corporati	on's board of directors. I hereby acce	of the appointment as registered
SIGNATURE						
12.	Significate, typical or printed name of registers OFFICERS	d agent and tille if applicable. AND DIRECTORS	(NOTE Regist	ered Agent signature require 3.	ad when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRECTORS IN 12
าศเร	D	☐ DEL	ETE 1.	1 TITLE		Change Addition
NAME LAMANNA, PHILIP STREET ADDRESS 8704 N.W. 35TH STREET, SUITE 1		DI IFFE AAA		2 NAME		
STREET ADDRESS OTY: ST-ZIP	CORAL SPRINGS FL 33065			3 STREET ADDRESS		
MILE		☐ DEL		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS CHY-ST-ZIP			l.	3 STREET ADDRESS 4 CITY-ST-ZIP		
1FLE		DEL		TITLE	<u> </u>	Change Addition
NAME				2 NAME		
STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS I. CITY-ST-ZIP		
THE	and the second of the second control of the	☐ DEL		TITLE		Change Addition
NAME			4	2 NAME		
CHY-ST-76				STREET ADDRESS		
Inte		DEL DEL		CITY-ST-ZIP		Change Addition
NAME				? NAME		
STREET ADDRESS				STREET ADDRESS		
THILE THILE		☐ DEL		CHY-ST-ZIP		Change Addition
NAME			6:	? NAME		
STREET ADDRESS				STREET ADDRESS		1
14. I do hereb	by certify that the information sup-	plied with this filing does n	ot qualify for t	CITY-ST-ZIP ne exemption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information	o indicated on this annual report	or supplemental annual re-	oort is true an	d accurate and that	my signature shall have the same leg- as required by Chapter 607, Florida S	al effect as if made under oath: that I

Jo Wanna

NAME OF SIGNING OFFICER OR DIRECTOR