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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997

	MENT # P9600 (ECH COMPUTER SERVICE			
Principal Place of Business Mailing Address				
200 NW 161ST AVE. PEMBROKE PINES FL 33028		200 NW 161ST AVE. PEMBROKE PINES FL 33028-1162		
				3. Date Incorporated or Qualified 11/18/1996 3a. Date of Last Report
2. Principat Place of Business		2a, Mailing Address		4. FEI Number
Suite, Apt #, etc		Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	()	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	T. 6	Trust Fund Contribution
Zip	Country 25	Zip 29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24	9. Name and Address of Curre		1301	10. Name and Address of New Registered Agent
OLSTER, DARYL 200 NW 161ST AVE. PEMBROKE PINES FL 33028			83 : 84 City	
office or r agent. La			:	d corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
12.	Signature, typical or printed name of registered a OFFICERS AI	gent and trie if applicable (NO ND DIRECTORS	1E Registered Agent signatur 13.	ure required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
I-ILI	D	DELETE	1.1 TITLE	Change Addition
NAME	OLSTER, DARYL		12 NAME	1
STREET ADDRESS	200 NW 161ST AVE.		1.3 STREET ADDRESS	,
C(1Y+S1+7)P	PEMBROKE PINES FL 33028		1.4 CITY - ST - ZIP	
1016		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADORESS			2.3 STREET ADDRESS	5
CHY-\$1-7-2		DELETE	2.4 DITY - ST - ZIP	Change Addition
I MUF NAME			3.1 TITLE 3.2 NAME	, totalige rounion
STREET ADDRESS			3.3 STREET ADORESS	
City-St Zie			3.4. CITY-ST-ZIP	
Tift		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	s ;
CHY-S1-209			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	S
CITA-21-51-50		D neuro	5.4 CITY-ST-ZIP	
MILE		DELETE	6.1 THE	Change Addition
NAME			62 NAME	<u> </u>
STREET ADDRESS)		63 STREET ADDRESS	>

6.4.CITY-ST-ZIP

14. 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 changed, or on an attachment with an address.

SIGNATURE:

FILED

Apr 18 1997 8:00am

Secretary of State