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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	# <b>P960</b> 0	0094767	(6)

		Mailing Address 3831 JEFFERSON STREE HOLLYWODD FL 33021-7				
					3. Date incorporated or Qualified 11/19/1996	Sa. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address				
21 26		·		4. FEI Number - 07139	Not Applicable	
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ate	City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(pi	Country	Zip	Countr	y	B. This corporation has liability for in	······································
24	25	29	30			Yes No
	9. Name and Address of Curre	ent Registered Agent		r <del></del>	10. Name and Address of New Reg	Istered Agent
	NG, ROBIN J	TENNANT DA	61	Name	1/A-	
	o yoakley, valdes-fauli & s' o e. Broward Boulevard, sl		82	Street Add	dess (P.O. Box Number is Not Acceptable	9)
	U E. BROWARD BOOLEVARD, SC . LAUDERDALE FL 33394	JIIC 1900	83			
]. "	. LAUDENDALE I E 30084					
			84	City		FL 85 Zip Code
11. Pursuar office or agent 1	Kolm )	More K		J. K1	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
12.		ND DIRECTORS	13.	an egracore requ	ADDITIONS/CHANGES TO OFFICE	
TITLE	T D	☐ DELETE	1.1 TITLE	]		Change Addition
NAME	KINGS, WILLIAM B JR		1.2 NAME			
STHEET ADDRESS			1.3 STREE	T ADDRESS		j
CITY ST-ZIP	HOLLYWODD FL 33021		1.4 City	ST-ZIP		
71111.F		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition ☐
'NAME			2.2 NAME			
STREET ADDRESS	S			T ADDRESS	,	
CITY-SI-7		T priese	2.4 CITY-	ST-ZIP		
101,6		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	* ******		
STREET ADDRESS	*			T ADDRESS		
TITLE		☐ DELETE	3.4. CITY-	31-21		Change Addition
NAME		Manual	4. 2 NAME	:		
STREET ADDRESS	s			T ADDRESS		
CBY-S1-Zif			4.4 CITY-			·
THE		DELETE	5.1 TITLE	<u> </u>		Change Addition
NAME			5.2 NAME	)		
STREET ADORESS	s		5.3 STREE	T ADDRESS		
City St-ZiF			5.4 CITY-	ST-ZIP		
BILF		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	j		
STREET ADDRESS	s		6.3 STREE	1 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:

May 23 1997 8:00am

Secretary of State