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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| 71111 | 1007 | DIVISION OF CO | | ONE | LILED |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------|---------------|---------------------------------------|------------------------------------------------------------------------------------|
| | 1997 | | | | 97 JUN 10 PM 1: 34 |
| DOCUMENT # P96000095983 (8) | | | | | SECRETARY OF THE |
| LARMATICATION TO AND STREET STREET. | | | | Hac | SECRETARY OF STATE TALLAHASSEE FLORIDA |
| LARMACLE Nontgage Conforation | | | | | C |
| Principal Picc | | <u> </u> | | | |
| Principal Place of Business Mailing Address 4232 N.W. 12TH STREET 4232 N.W. 12TH STREET | | | | | |
| 4232 N.W. 12TH STREET LAUDERHILL FL 33313 LAUDERHILL FL 33313-5817 | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | 3. Date Incorporated or Qualified 3a. Date of Last Report 11/20/1996 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number Applied For |
| 26 26 | | | | | 65-07/2338 Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | 27 | | | Fee Required |
| City & State | e | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Countr | у | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 25 | | 30 | | Florida Statutes X Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | т.:. | 10. Name and Address of New Registered Agent |
| | ENZIE, DOUGLAS M | | 61 | Name | |
| 4232 N.W. 12TH STREET | | | | Street Add | iress (P.O. Box Number is Not Acceptable) |
| • LAUDERHILL FL 33313 | | | | | |
| | | | 83 | | |
| | | | 84 | City | 85 Zip Code |
| | | | | J | |
| 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. | | | | | |
| agent. La | m tamiliar with, and accept the oblig | ations of, Section 607.0505, Flor | rida Statute | ıs. | |
| SIGNATURE | Signature, typed or printed name of registered ag- | ent and top if applicable (NOTE: | Registered &c | ont signature requi | irad when reinstating) DATE |
| 12. | | ID DIRECTORS | 13. | ent tog work rade | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETÉ | 1.1 TITLE |] | Change Addition |
| NAME | MCKENZIE, DOUGLAS M | | 1.2 NAME | | |
| STREET ADDRESS | 4232 N.W. 12TH STREET | | 1 3 STREE | T ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | | 1.4 CHY- | S1 - 7IP | |
| TITLE | SID | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCKENZIE, DOUGLAS M | | 2.2 NAME | | |
| STREET ADDRESS | 4232 N.W. 12TH STREET | | 2.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | | 2. 4 City- | ST-ZIP | • |
| TITLE | | ☐ DELETE | 3.1 TITLE | | 200002213723 Admin |
| NAME | | | 3.2 NAME | / | -06/16/97-01178-006 |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | ****165.00 ****165.00 |
| CITY-ST-ZIP | | | 3.4 CITY- | ST-ZIP | |
| TITLE | | DELETE | 4.1 1(1).E | | Change Addition |
| NAME | | | 4. 2 NAME | - 1 | |
| STREE ADDRESS | · | | 4.3 STREE | T ADDRESS | 1 |
| CHTY ST-ZIP | | | 4 4 CITY- | ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME |] | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | |
| | | | | | |

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 cortify 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:

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

DELETE

Addition