····· · · · · · · · · · · · · · · · ·	ILE NUW: FIL	ING FEE AFTE	FILED				
PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 06 1997 8:00an Secretary of State			
Corporatio		96000099			 	HIL BOILT BRIDE TANKE TANKE TANKE TO	11 #3## (###)
05 HAYES S		5105	ng Address HAYES STREET	<u> </u>			
DLLYWOOD F	FL 33021	RULL	YWOOD FL 33021-5249		3. Date Incorporated or Qua 12/11/1996	lified 3a. Date of Last	Report
		ST 5.310 26	failing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-072	0123	opplied For Not Applicable
City & Stat	to	27	City & State	18 - 11 <u>1</u>	 6. Certificate of Status Desiring 6. Election Campaign Finance 	Fee F	Additional Regulred May Be
FT. LAUDERDALE FL 28				Country	Trust Fund Contribution 8. This corporation has liabil	ity for intangible tax under	l to Fees
3/2	9, Name and Add	RUWARD 29 ress of Current Register	and the second	80	Florida Statutes 10. Name and Address of N	Yes No ew Registered Agent	
C/0	DUD, WADE CLOUD CONSULTI S CALHOUN ST. SI				ress (P.O. Box Number is Not Ac	AUE ceptable)	
	LAHASSEE FL 3230			83 2.32 84 City	LAUDENDALE		300 Code
I. Pursuant office or i agent 1 a GNATURE	Signature, typed or printed ha	Lan M	ipplicable (NOTE	s, the above-named cor thorized by the corpora ida Statutes. 	poration submits this statement fo tion's board of directors. I hereby red when reinstating) ADDITIONS/CHANGES TO	<u>4.21~97</u> DATE	······································
SNATURE E ME	Standard, typest or protoct na	mo of registered age and trib if a	ipplicable (NOTE	Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME	Ired when reinstating)	<u>4.21~97</u> DATE	DRS IN 12
SNATURE	Signature, typed or phylicit ha	OFFICERS AND DIRECT	Inote INOTE	Registered Agent signature requ 13. 1,1 TITLE	Ired when reinstating)	9-27-97 OFFICERS AND DIRECTC	DRS IN 12
SNATURE E AE EELADDRESS Y-SLZD E E	PD MCDADE, RAY 5105 HAYES ST	OFFICERS AND DIRECT		Registered Agent eignature requ 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY - ST - ZIP	Ired when reinstating)		PRS IN 12
SNATUFIE E E E E E E E E E E E E E E E E E E	PD MCDADE, RAY 5105 HAYES ST	OFFICERS AND DIRECT		Registered Agent eignature requ 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TifLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TIFLE	Ired when reinstating)		RS IN 12
SNATUFIE E E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP F AE ELT ADDRESS	PD MCDADE, RAY 5105 HAYES ST	OFFICERS AND DIRECT		Registered Agent signature requ 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY - ST - ZiP 2.1 TifLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CiTY - ST - ZiP 3.1 TiTLE 3.2 NAME 3.3 STREET ADDRESS	Ired when reinstating)	9-27-97 DATE OFFICERS AND DIRECTO	RS IN 12
SNATUFIE 	PD MCDADE, RAY 5105 HAYES ST	OFFICERS AND DIRECT		Registered Agent signature required 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TiFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TIFLE 4.2 NAME	Ired when reinstating)	9-27-97 DATE OFFICERS AND DIRECTO	RS IN 12 Addition
SNATUFIE E E AE EET ADDRESS Y-ST-ZIP F AE EET ADDRESS Y-ST-ZIP E E E T ADDRESS Y-ST-ZIP E E E E ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E E E E	PD MCDADE, RAY 5105 HAYES ST	OFFICERS AND DIRECT	INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE	Registered Agent signature required 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Ired when reinstating)	9 - 27 - 97 DATE OFFICERS AND DIRECTO Change Change Change)RS IN 12 Addition
SNATUFIE E E E E E E E E E E E E E E E E E E	PD MCDADE, RAY 5105 HAYES ST	OFFICERS AND DIRECT	Indicate (NOTE)	Registered Agent signature required 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY-ST-ZIP 2.1 TiFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CiTY-ST-ZIP 3.1 TiFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TiFLE 4.2 NAME 4.3 STREET ADDRESS	Ired when reinstating)	9 - 27 - 97 OFFICERS AND DIRECTO Change)RS IN 12 Addition
SINATUFIE E E E E E E E E E E E E E	PD MCDADE, RAY 5105 HAYES ST	OFFICERS AND DIRECT	INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE INOTE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Ired when reinstating)	9 - 27 - 97 DATE OFFICERS AND DIRECTO Change Change Change	PRS IN 12 Addition
GNATUFIE LE LE ME LE ADDRESS Y - S1 - ZIP LE ME REFI ADDRESS Y - S1 - ZIP LE LE LE LE LE LE LE LE LE LE	PD MCDADE, RAY 5105 HAYES ST HOLLYWOOD FL	33021	INDICUDALE INDICUDALE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE	Registered Agent signature required Agent signature required Agent signature required agent and a strength and agent age	Ired when reinstating)	9 - 27 - 97 DATE OFFICERS AND DIRECTO Change Change Change Change Change Change	PRS IN 12 Addition