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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortivam "

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

1510 Granada Blvd

1925 Pouce de Leon Blud.

Coral Galolus Re 3313 Y

Coval Gables Ft 33134

3. Date Incorporated or Qualified 12-12-96

Applied For

2. Principal Place of Business 1510 Granda

CITY - ST - ZIP

2a. Mading Address
26 1825 Power de

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

6. Election Campaign Financing

Fee Required \$5.00 May Be

Jun 05 1997 8:00am

Secretary of State

Nov

Yes No

usiA

Trust Fund Contribution This corporation has fiability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Added to Fees

Coral Gables FL 33134

ivaine				
Street	Address	(P.O.	Вох	Numb

Street Address	(P.O. Box	Number	is Not	Acceptable

Florida Statutes

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, parts state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

City 84

82 83

<b>ag</b> ent i a	im familiar with, and accept the obligations of, Section 607.0505, Florid		-1 1
SIGNATURE	Chipage typed or production of registry of agent and to of applicable (NOTE)	Registered Agent signature	required when renstating) 3/25/97
12.	OFFIC RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President DELETE	1 1 1111.1	Change Addition
NAME	Michael David Cushing	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABUSS FL 33134	1.4 CITY-ST-ZIP	į
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2 4 C(1Y+S1-7)P	
TITLE	DECETE	3 1 7HTE = 1	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CHY-SI-7IP	
TITLE	☐ DELETE	4 1 TITLE	Change Addition
NAME		4.2 NAME	^
STREET ADDRESS		4.3 STREET ADORESS	, ,/
CITY-ST-ZIP		4.4 CITY - S1 - 7(P	
TITLE	☐ DELETE	5111111	Change Addition
NAME		. 52 NAME	V M
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-\$T-ZIP		5.4 CITY - ST - Z/P	
TITLE	DELFTE	6.1 TITLE	Change Addition
NAME		6.2 NAME	100002209081
STREET ADDRESS		63 STREET ADDRESS	-06/11/9701075022

64 00Y+S1-2P 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 supplymental 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. 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 12 if changed, or on an intachment with an address.