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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000100897 (3)

1. Corporation Name  
CFY, INC.



Principal Place of Business

Mailing Address

ONE DATRAN CENTER, SUITE 404  
9100 S. DADELAND BLVD.  
MIAMI FL 33156

ONE DATRAN CENTER, SUITE 404  
9100 S. DADELAND BLVD.  
MIAMI FL 33156-7814

3. Date Incorporated or Qualified

12/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1865 S.W. 31 AVE

26 1865 S.W. 31ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 C Pembrooke Park, FL

28 Pembrooke Park, FL 33156

24 33009

29 33009

25 BROWARD

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESSLER, BARRY  
ONE DATRAN CENTER, SUITE 404  
9100 S. DADELAND BLVD.  
MIAMI FL 33156

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

*Barry Ressler*  
Signature, typed or printed name of registered agent and title, if applicable.

*R. B.*  
(NOTE: Registered Agent signature required when reinstating)

2/20/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME FONG-YEE, CHARLES W.K.  
STREET ADDRESS 11702 SOUTH WEST 81ST ROAD  
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

*Charles W.K. Fong-Yee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97 (954) 893-5868  
Date Daytime Phone # 0003942

CR2E034 (9/96)