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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000102083 (8)

MORTON RIVKIND, P.A.

FILED May 16 1997 8:00am Secretary of State

Principal Place of		Mailing Address			ı ilkir dülta tiğli adıar ididə ilil ibli
1222 N UNIVERSITY PLANTATION FL 33	: =	1222 N UNIVERSITY DR PLANTATION FL 33322-4724			
				3. Date Incorporated or Qualified	3a, Date of Last Report
2. Principal Place	a of Rusiness	2a. Mailing Address		12/17/1996 4. FEI Number	Applied For
	W.SAMPLERD	26 9 600 W. SA	imple RD	66-071743	Not Applicable
Suite, Apt. #, e		Suite, Apt. #, etc.			EQ 75 Additional
22 # 2 (2,5	27 H 20.	5	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
13 CORA	L SPRIGLS, F	LZB WRAL SG	prings, ec	Trust Fund Contribution	Added to Fees
^{Zip} 33 065			30 Browpro		Yes 🔲 No
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	glatered Agent
), MORTON			DROTON KIVK	MD
	UNIVERSITY DR		82 Street Add	ress (P.O. Box Number is Not Accepted	ole)
PLANTA	TION FL 33322		63 7 60	OW, SAMPLE R	D
			# #	205	
			84 City	44 COR! - AC	FL 85 Zip Code
11 Pursuant to the	ne provisions of Sections 607.050	and 607 1508 Florida Statute	s the above-pamed cor	MC SPEINGS	
office or regis	stered agent, or both, in the State	of Florida. Such change was at	uthorized by the corpora	poration submits this statement for the lation's board of directors. I hereby acce	pt the appointment as registered
, A	amiliar with, and accept the obliga	nons or, section 607,0000, Fior	noa statules.		V=1-97
SIGNATURE	native: typed or printed name of registered ager	n and title if applicable (NOTE	: Registered Agent signature requ	sired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TIFLE D		☐ DELETE			Change Addition
	VKIND, MORTON			orton Kwkial	
,	222 N UNIVERSITY DR			600 W. SAMPLE 1	CD Rains
	LANTATION FL 33322	Cloriette	1.4 CITY-ST-ZIP	orbe springs	7805
TITLE		☐ DELETE	2.1 TITLE	•	Change Addition
NAME DEBUT TOPONOS			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CHY-ST ZIP		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		land at his to the	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-S1-7-P			34. CITY-ST-ZIP		·
TILE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY · S1 - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY+ST-ZiP			5.4 CITY - ST - ZIP		A
TOLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
City - \$1 - 7if	cort to that the information supplier	1 (21 a) (2 (2 a)	6.4 CITY-ST-ZIP	440 03/01/0 Ft 44. 04.4	

• For nereby cerein mat the information supplied with this tiling does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 954-2-17-9892