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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$24229

(4)

EILEEN L. MOULY & ASSOCIATES, INC.

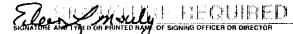
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Feb 05	1997	8:00am
Secre	etary o	of State

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Principal Place of Business Mailing Address				i Djark Didik					
290 NW 165 ST									
PH2 N MIAMI BCH FL 33169		N MIAMI BCH F	L 33169-6457						
US		US				 Date Incorporated or Qualified 01/11/1991 	3a. Date 03/25	of Last R /1996	eport
2. Principal Place of Busin	ess	2a. Mailing Ado	ress			4. FEI Number		<u> </u>	oplied For
Suite, Apt. #, etc.		26	t ato			65-0238076		_ 	ot Applicable
22		27	r, 616.			5. Certificate of Status Desired		•	Additional equired
City & State		City & State	ı		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	L.J		May Be
23] Zip	Country	28	Co	untry	····································	Trust Fund Contribution 8. This corporation has liability for in	atangible to		to Fees
24	25	29	30	,			Yes 🔲		. 188.032,
		rent Registered Agent				10. Name and Address of New Re			
MOULY, EILEE	NL			B1	Name	Caa			
290 NW 165 S	1			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
PH2				<u></u>					
n Miami BCH	FL 33169			83	ļ				
				84	City		FL	85 Zip	Code
44 Days and to the same	ing at Coologo CO7 ()CO2 and CO7 1500 Fig.	do Ptot too the	1	n nomed cor	poration submits this statement for the p		nanaina i	to rocintoros
office or registered ag	ent, or both, in the St	ale of Florida, Such cha	nge was authoriz	ed by	y the corpora	tion's board of directors. I hereby accep	t the appoir	itment as	registered
agent it am familiar wi	in and accept the ob	oligations of, Section 607	7.0505, Florida St	atute	S .		1/2.10	.	
SIGNATURE Street Newson		r agent and toulif applicable	(NOTF: Bogister	ed An	ent sionature requi	red when reinstating)	(<u>3/</u> /4	7	
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	RS IN 12
TITLE D]	DELETE 1.1	TITLE				Change	Additio
	EILEEN L.		1.2	NAME					
	165 ST PH2		1.3	STREET	T ADDRESS				
CITY-ST-ZIP N MLAMI	BCH FL			CITY - S	ST-ZIP				
TOLE		[] [DELETE 2.1	TITLE] Change	Additio
N4ME			22	NAME					
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City-St-ZiP					ST-ZIP			1	
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NAME				NAME					
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STREET ADDRESS					T ADDRESS				
City-ST-7IP THLE	***************************************	ПП		TITLE	ST-ZIP			Change	Additio
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STREFT ADDRESS					T ADORESS				
					ST-ZIP				
CITY - S1 - 7/P			<u> 0.4</u>	ull1 ·	01-51E				

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:



131/97 Date

(305)945-7000