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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

5201 RAVENSWOOD RD

SUITE 111



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$24455**1. Corporation Name

(5)

Mailing Address

SUITE 111

5201 RAVENSWOOD RD

FT. LAUDERDALE FL 33312-8004

JOSEPH F. WHITEHEAD, P.A.

FILED Feb 11 1997 8:00am Secretary of State

3. Date incorporated or Qualified. 3a.	Date of Last Report

FT. LAUDERDALE FL 33312 US			FT. LAUDERDALE FL 33312-6004						
		US	US			3. Date Incorporated or Qualified 01/11/1991	3a. Dat	e of Last R 6/1996	eport
2. Principal Pr	lace of Business	2a. Mailing Address				4. FEI Number	_l	I Ar	plied For
21		26				65-0496758			t Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.						\$8.75	
22		27				Certificate of Status Desired		Fee Re	equired
City & State	9	City & State		***********	***************************************	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	
Zip	Country	Zip	Cou	untry	!	8. This corporation has liability for			. 199.032,
24	25	29	30	,			Yes [
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Cu	urrent Registered Agent		04		10. Name and Address of New Re	gistered A	gent	
	TEHEAD, JOSEPH F			81	Name				
	RAVENSWOOD RD			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	TE 111					·			
FI.	LAUDERDALE FL 33312			83					
				84	City		FL	85 Zip	Code
11 Purcuret	to the previous of Sections 607	7 0502 and 607 1508 Florida Sto	tutes the a	hove	a named corry	pration submits this statement for the n		Changing it	re renistered
office or ri	egistered agent, or both, in the S	State of Florida. Such change wa	as authorize	d by	the corporation	oration submits this statement for the pon's board of directors. I hereby accep	of the appo	ointment as	registered
agerit Lai	m familiar with, and accept the c	obligations of, Section 607.0505,	Florida Sta	itutes	; .				
SIGNATURE	Stgrature, typed or printed name of registeri	en anest acri atle if applicable (N	NOTE: Flequisters	ed Ane	ent signature require	ed when reinstaling)	DATE		
12,		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 T	ITLE				Change	Addition
NAME	WHITEHEAD, JOSEPH		1.2 N	AME					·
STREET ADDRESS	5201 RAVENSWOOD RD 9	STE 111	1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4.0	ITY-S	ST-ZIP				
TITLE		DELETE	2.1 T					Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			235	TREET	ADDRESS	* .			
CITY ST-ZIP			240	CITY-9	SY-ZIP	•			
TITLE		☐ DELETE	317	ITLE				Change	Addition
NAME			3.2 N	IAME	Ì				
STREET ADDRESS			335	TREET	ADDRESS				
CITY - S1 - ZIP			3.4. (CITY-S	ST-ZIP		<u>. </u>		
TITLE		DELETE	4.1 T	ITLE				Change	Addition
NAME			4.21	NAME					•
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-7-P			4.4 0	HTY-S	ST-ZIP				
}:TLE		DELETE	5.1 7	ITLE				☐ Change	Addition
NAME			5.2 N	3MA		•			
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 0	ITY - S	ST-ZIP				
TITLE		DELETE	6.1 T	ITLE				Change	Addition
NAME			6.2 N	AME		•			
STREET ADDRESS			6.3 9	STREET	ADDRESS				
CITY-ST-ZIP			6.4 0	DITY - S	ST-ZIP				

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 apachment with an address.

SIGNATURE: