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 # S36192

(0)

BRADFORD J. BEILLY, P.A.

FILED May 02 1997 8:00am Secretary of State

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Principal Place of Business 780 E. BROWARD BLVD. SUITE 200		Mailing Address	790 E. BROWARD BLVD. SUITE 200		T COOMERIA COO MINO ESTAT GENET ESTAT THOS BIRDI BIRKA BEATT BIRTI			
	OALE FL 33301	FT. LAUDERDALE FL 33	301-2078					
US		U\$			3. Date Incorporated or Qualified 03/07/1991		te of Last F XX/1996	leport
2. Principal	Place of Business	2a. Mailing Address		"	4. FEI Number		[A	oplied For
21		26			65-0254145		N	ot Applicable
Suite, Apt	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27			a. Certificate of Status Desired		Fee R	equired
City & Sta	ate	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	•		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for	r intangible i	tax under s	. 199.032,
24	25	29	30		Florida Statutes	Yes [
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New F	Registered A	gent	
BE	ILLY, BRADFORD J.			81 Name				
79	0 E. BROWARD BLVD.		ŀ	82 Street Add	Iress (P.O. Box Number is Not Accept	able)		
	ITTE 200			Silber Add	iless (F.O. DOX NUMBER IS NOT ACCEPT	able)		
	. LAUDERDALE FL 33301		ľ	83				
, ,			ļ					- <u></u>
				84 City		FL	85 Zip	Code
44 D) to the number of Contant 607 (DECT and COT 1500 Florida Stat	Luina tha ab		accetion as basile this statement for the			
office or	registered agent, or both, in the St	ate of Florida. Such change we	s authorized	I by the coroora	poration submits this statement for the tion's board of directors. I hereby acc	ept the appo	onanging i pintment as	is registered reaistered
agent 1	am familiar with, and accept the ot	oligations of, Section 607.0505,	Florida Stati	ıtes.	,	- F		
SIGNATURE								
	Signature, typed or printed name of registeroc			Agent signature requi		DATE		
12.	· r · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DELETE	1.1 ไป	L€			Change	Addition
NAME	BEILLY, BRADFORD J.		1.2 NA	ME				
STREET ADDRESS		ITE. 200	1.3 \$1	REET ADDRESS				
C(1) Y - S1 - 2)F	FT. LAUDERDALE FL		1.4 CIT	Y-ST-ZIP				
TITLE		DELETE	2.1 717	LE			Change	Addition
NAME			2.2 NA	ME				
STREET ADDRESS			2351	REET ADDRESS				
CHY-ST-ZIP				TY-ST-ZIP				
Title		DELETE	3.1 TIT				Change	Addition
NAME			3.2 NA			'		- 17-12-011
				REET ADDRESS				
STREET ADORESS								
CITY-ST-ZIP	·	DELETE		TY-ST-ZIP			Change	Addition
TITLE		L DELETE	4.1 1(1	1			ruange	TH Mainay
NAME			4. 2 N/					
STREET ADDRESS	1		4.3 ST	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 T (T	LE		•	☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS	.		5.3 ST	REET ADDRESS				
CITY-ST ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		DELETE	6.1 TIT				Change	Addition
NAME		:	6.2 NA				-	
STREET ADDRESS				REET ADDRESS				
1				1				
CHY-S1-ZIP	obv. cortily that the information ever	aliad with this filing does not au		Y-ST-ZIP	d in Section 119 07(3)(i) Florida Statu	toe I further	cortifu that	tha

4. 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 charbald, or offian attachment with an address.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y POSULA

54) 105-1000 Dayline Phone *