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

PROFIT CORPORATION ANNUAL REPORT



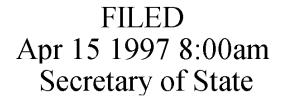
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$40801

(0)



		Mailing Address 8222 WILES RD SU CORAL SPRINGS FL								
						3. Date Incorporated or Qualified 03/25/1991		te of Last 12/1996		
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	Applied For			1	
21		ê ~ ~	26			65-0251630	Not Applicable			•
Suite, Apt. #, etc. Suite, Apt. #, et			C.			5. Certificate of Status Desired		\$8.75	Additional	
22 27						b. Certificate of Status Desired	<u> </u>	Fee	Required	_
City & Stat	te	City & State	~¬ '			6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution	Added to Fees			
Z(ρ) Country		F1	├-¬			8. This corporation has liability for intangible tax under s. 199			s. 199.032,	
24	25 g. Name and Address of Curr	rent Registered Agent	30		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fiorida Statutes				-
O II		on negiotoleo Agont		81	Name	IV. Hamo and Address of Hotel	Bioroton A	- gom		1
	dan, Henry 3 NW 68TH AVE.									4
	KLAND FL 33067			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)			
FAF	INDAND FL 00001			83		***************************************				4
										4
ĺ				84	City		FL	85 Zip	p Code	
11. Parsuant office or agent 1 a	ani familiar with, and accept the ob	ligations of, Section 607.050	05, Florida Stal	tutes.	٠.	oration submits this statement for the p on's board of directors. I hereby accep	ourpose of of the app	changing pintment a	its registered is registered	
12.	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Hegistere	a Ager	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12	10
TITLE	DP OFFICE TO A	DELET		ITLE	T	ADDITIONOIS IN WALE TO STATE	LIIO AIIO	☐ Change		900
NAME	RUDAN, MINDI F.		1,2 N	1.2 NAME				-		1 7
STREET ADDRESS	5993 NW 66TH AVE.		1,3 S	TREET /	ADDRESS					F034
COLY - ST - ZIP	PARKLAND FL		1.40	ITY-ST	r-ZIP					3
TOLE	V	☐ DELET	TE 2.1 TI	TLE				Change	e 🔲 Addition	
NAME	RUDAN, HENRY F. X.		22 N	AME						Ì
STHEET ADDRESS	5993 NW 66 AVE.		23\$	TREET	ADDRESS					
CITY-ST-ZIP	PARKLAND FL			ITY-S	T-ZIP					
TITLE		☐ DELET	IE 3.1 TI	ITLE				☐ Change	e Addition	1
NAME			3.2 N	AME						-
STREET ADDRESS					ADDRESS					
CITY - ST - 7IP				CITY-S	T-ZIP			17.6	1 1 4 2 6 6 7	4
TILLE	:	LJ DELET						L Change	e 🔲 Addition	'
NAME	i		4. 2 N		-					-
STREET ADDRESS					ADDRESS					
CHY ST-74		☐ DELE		ITY-ST	r-ZIP			Change	e Addition	\dashv
TITLE			5.1 II		,			LI VIIdilyt	, LJ MOUNION	']
NAME CIDALT ADOUG CO.					ADDRESS					-
STREET ACORESS					l l					
TITLE		DELE		ITY-ST	1-212			Change	e Addition	\dashv
NAMÉ		hand DLCC	6.2 N		1			Jinning		
STREET ADDRESS			- 6		ADDRESS					-
ĺ				:ITY-S1	·					
CITY - ST - ZIF	ļ		<u> </u>	111-5	1-ZIT					4

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:,