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 # \$46311

(4)

ASSET RESEARCH & REPORTING, INC.

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Mailing Address

FILED Apr 18 1997 8:00am Secretary of State



1948 NE 54TH MARGATE FL 3		1946 NE 54TH AVE. Margate FL 33063-3701					
					3. Date Incorporated or Qualified 04/18/1991	3a. Date of L 03/22/19	•
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number 65-0259390		Applied For
21		26					Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required
City & State		City & State			& Flactice Committee Financine	 	
23	3	28			6. Election Campaign Financing Trust Fund Contribution	P	5.00 May Be dded to Fees
Zip	Country	Ζφ	Coun	lry	8. This corporation has liability for		·
24	25	29	30			☐ Yes ☐ No	
	9. Name and Address of Cu	rrent Registered Agent		~	10. Name and Address of New R	egistered Agent	
	iinski, robert		[6	31 Name			
1946	3 N.E. 54 AVENUE		Ē	32 Street	Address (P.O. Box Number is Not Accepta	ble)	
MAR	RGATE FL 33063			_			
*			1	33			
			8	34 City		FL 85	Zip Code
· ·		000 10074700 51-14-014			Learnersting automits this statement for the		gior ite registered
11. Pursuant i	to the provisions of Sections 607. egistered agent, or both, in the S	0502 and 607.1508, Florida Stati tate of Florida. Such change was	utes, the abo authorized	by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of charg pt the appointme	and its registered
	m familiar with, and accept the o					1 400	·~
SIGNATURE	Signature Myred of pure of plant and registere	diagent and title if applicable (NC	A Mus	Angel signal in	e required when reinstating)	4-14-9	7
12.		AND DIRLCTORS	13.	riginii Siginii	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	ST	DELFTE	1.1 1/11	F		□ CI	hange 🔲 Addition
NAME	Kaminski, Susan	/ \	1.2 NAN	ME			
STREET ADDRESS	1946 NW 54TH AVE.		1.3 STH	EFT ADDRESS			
CITY-ST-ZIP	MARGATE FL		1.4 Cill	(- \$1 - Z IF			
TITLE	PD	☐ DELETE	2.1 TITL	f	ST ROBERT KAMINS 1946 N.W. 524 71 MARGATE, FL	. D CI	hange Addition
NAME	Kaminski, Robert		2.2 NAN		Robert KAMINS	Kil	
STREET ADDRESS	1948 NW 54TH AVE.		2 3 STR	eet address	1946 N.W. 54 T	7 /EU E.	A144 .
CITY-ST-ZIP	MARGATE FL			Y-ST-71P	MARGATE, FL	03064	8701
TITLE		☐ DELETE	3 1 1ITL			[_] ()	nange LI Addition
NAME			3.2 NAA	-			
STREET ADDRESS				FET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CIT 4.1 TITU	Y-S1-ZIP		Пс	hange Addition
.TITLE NAME	•	FT WITH	4.1 IIIC			VI	- Lud riverium
STREET ADDRESS				ee1 address			
CITY-ST-ZIP				Y - ST - ZIP	<u> </u>		
TITLE	<u></u>	DETE	5.1 101			C	hange 🔲 Addition
NAME			5.2 NAM	/E			
STREET ADDRESS			5.3 S1R	EET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y - \$1 - ZIP			
TITLE		DELETE	6.1 7/16	.ŧ		□ c	hange 🔲 Addition
NAME			6.2 NAM	ΛE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	y - \$1 - 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 logal effect as if made under eath; 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 chapter 607, or on an attachment with an address.