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

2. Principal Place of Business 2a. Mailing Address 4. PET Number 65-0275339 Suite, Apt. M., etc Suite, Apt. M., etc. Suite,	Last Report
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. FEI Number 65-0275339 Suite, Apt. #, etc 5. Suite, Apt. #, etc. 5. Certificate of Status Desired 55-0275339 Suite, Apt. #, etc 5. Certificate of Status Desired 55-0275339 City & State 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution	Applied For Not Applicable 8.75 Additional
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Page 1 25 29 30 Floride Statutes Yes Yes Yes 27 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 2/26 LER, PATRICIA M. 2925 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 83 84 City FL 83 84 City FL 83 85 Expectate agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or partent natine of registered agent, and blic it applicable (NOTE Registered Agent I signature, typed or partent natine of registered agent and blic it applicable. (NOTE Registered Agent I signature, typed or partent natine of registered agent and blic it applicable. (NOTE Registered Agent I signature, typed or partent natine of registered agent and blic it applicable. (NOTE Registered Agent I signature, typed or partent natine of registered agent and blic it applicable. (NOTE Registered Agent I signature, typed or partent natine of registered agent and blic it applicable. (NOTE Registered Agent I signature, typed or partent natine of registered agent and blic it applicable. (NOTE Registered Agent I signature, typed or partent natine of registered agent and blic it applicable. (NOTE Registered Agent I signature, typed or partent nation of registered agent and blic it applicable. (NOTE Registered Agent I signature required when renstating) DATE. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City-St-Zip 14. City-St-Zip 15. TITLE 1. T	Added to Fees
9. Name and Address of Current Registered Agent ZIEGLER, PATRICIA M. 2925 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 R4 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of choolings or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITILE D D DELETE 1.1 TITILE 1.2 NAME 21EGLER, PATRICIA M. 2925 E. COMMERCIAL BLVD. FORT LAUDERDALE FL D D DELETE 1.1 TITILE 1.2 NAME 21EGLER, DEVON 22 NAME SIRRET ADDRESS 22 STREET ADDRESS 22 STREET ADDRESS 23 STREET ADDRESS 24 STREET ADDRESS 25 STREET ADDRESS 26 STREET ADDRESS 26 STREET ADDRESS 27 STREET ADDRESS 28 STREET ADDRESS 2925 E. COMMERCIAL BLVD 21 STREET ADDRESS	
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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 an 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 approximent with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY - ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

MATURE AND TYPEO OF PRANTED MANE OF SIGMING OFFICER OR DIRECTOR

DELETE

4-16-97

954-49/-3/30 Daytime Phone #

Change

Addition

FILED

May 05 1997 8:00am

Secretary of State