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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S52930

(2)

FVR & ASSOCIATES, INC.

FILED
Jan 29 1997 8:00am
Secretary of State

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Principal Place of Business 6920 S.W. 58TH PLACE P.O. BOX 434264		Mailing Addr	ess		T NORTHBUD OUT BANKS ANGINE ARTHRO MANT BOOM BANKA DARRA BADAH GTOM RAKTAR DARAH INDIA		
		6920 S.W. 58 P.O. BOX 491 MIAMI FL 332	TH PLACE 1 254 43-14	03			
MIAMI FL 33243-1264 14 63 MIAMI FL 33243-1264 14 63					3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1991 01/23/1996		
	lace of Business	2a. Mailing A	ddress		4. FEI Number		Applied For
21		26			65-02/512/	65-0275127 Not Applie	
Suite, Apt.	#, etc.	Suite, Apt	#, etc.		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	Additional Required
City & State	e	City & Sta	ale		6. Election Campaign Financing		0 May Be
:3		28			Trust Fund Contribution		d to Fees
Z ip	Country	<u> </u>	├ 1	ıntry	8. This corporation has liability for	ntangible tax under Yes 🔲 No	r s. 199.032,
4	25 9. Name and Address of Curre	nt Registered Age	30	1	Florida Statutes 10. Name and Address of New Re		
050				81 Name			
	RRY, MILLARD C. 14-s.W. 69th-street			1	BENRY, MILLAR 1955 (P.O. Rok Number is Not Accepted 120 SW SBTH PC	D C .	
	MI FL 33243-1 254 - 140-3			82 Street Add	ress (P.O. Rox Number is Not Accepted	1e)	
mix	WILE 225-1504 14 (7.2)			83	A CONTRACTOR	ACO	
					1-4-4		
				84 City	10001	F) 85 Z	p Code 3/43-
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508 F	lorida Statules, the a	bove-named con	poretion submits this statement for the p		1
office or r	egistered agent, or both, in the Stat	e of Florida. Such cl	hange was authorize	d by the corpora	poration submits this statement for the particles board of directors. Thereby accepts	ot the appointment	as registered
	im familiar with, and accept the old	nations of Section b	507.0505, Florida Sta	Lules.	BERRY V/P	1/25/6	7
SIGNATURE	Signature, types or pointed name of registered as	out ann litte il amili cabic	CACH JVIII	LITE IZ	ired when reinstalling)	1/23/4	/
2.		ND DIRECTORS	13.		, ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
TITLE	D		DELETE 11 T	TET 1.	AN KEIGERSBUR	Chang	e 🔲 Additio
NAME	VAN REIGERSBERG, FRANK	V	1.2 N	AME U	MAN MEIGERSBER	6, trank	L V
STREET ADORESS	8315-S.W. 72ND AVE #107		1.3 \$	TREET ADDRESS	OST OFFICE BOX	43-140	3
CITY-ST-ZIP	MIAMIFL			11Y-51-28P	DIAMAI Fr. 397	113-140	3
TITLE	D		DELETE 211	TLE D	MILLARD C. BER POST OF FICE E MIAMI FL 33	Chang	e 🔲 Additio
NAME	BERRY, MILLARD C.	100	17/ 1 a 22N	AME I	MUDODCIBER	RU	
STREET ADDRESS	5874 S.W. 69TH STREET	6920 SW	28 KAQU	RELT ADDRESS	POST A E EL OUE E	10x 48-1	409
CITY-SI-ZIP	MIAMI FL 33243-1254 146	۸ کی		CITY-ST-ZIP	1000 F/ 32	2112-11	カマー
TITLE	100 000 100 100 100 100 100 100 100 100		DELETE 3.1 T	ITLE		☐ Chang	e Additio
NAME			3.2 N	IAME			
STREET ADDRESS			335	TREET ADDRESS			
CITY-ST-ZIP				DITY-ST-ZIP			
TITLE			DELETE 4.1 T			Chang	e Additio
NAME			4.21	NAME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP			4.4.0	HTY-S1-ZIP			
TITLE			DELETE 517			Chang	e Additio
NAME			5.2 N	IAME			
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP			ľ	HY-SI-ZIP			
TITLE			DELETE 6.11			Chang	e Additio
NAME			621	IAME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	·			ray-st-ZIP			
	by costify that the information suppli	ad with this filing do			d in Section 119 07(3)(i). Florida Statule	s. I further certify th	at the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,0/(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.

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