## 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

Principal Place of Business Mailing Address  16359 NW 8 DR PEMBROKE PINES FL 33028 US  (6)  Mailing Address POB 822434 S FL FL 33082-2434 US					
				<ol> <li>Date Incorporated or Qualified 06/20/1991</li> </ol>	3a. Date of Last Report 02/12/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	21     26			65-0272023	Not Applicable
22 SUILE, API	#, etc	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 	Country	Zip	Country	8. This corporation has liability to	
24	25   9. Name and Address of Curre	29  ent Registered Agent	30	Florida Statutes  10. Name and Address of New F	Yes No
DAI	JM, JOEL	The state of the s	81 Name	10, 1101110 111111111111111111111111111	
	5 UNIVERSITY DR		82 Street Add	ress (P.O. Box Number is Not Accept	ablo)
	TE 209		62 Street Aud	ress (P.O. Box Number is Not Accept	abiej
	RAL SPRINGS FL 33071		83		
			84 City		85 Zip Code
				poration submits this statement for the	_ FL
SIGNATURE	stgrut in i typed or perhist name of registered as		Tt. Registered Agent signature requ		DATE
<b>12</b> ,	PS OFFICERS AI	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	RUDNICKI, MICHAEL J		1.2 NAME		
STREET ACURESS	16359 NW 8 DR		1.3 STREET ADDRESS		
City St. ZiP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		•
TITLE	Ţ	DELETE	2.1 TOTLE	***************************************	Change Addition
NAM	RUDNICKI, MARIA H.	10-1-96	2.2 NAME		•
STREET ADDRESS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6-1-96	2.3 STREET ADDRESS		
CHTY - ST - Ziri	PEMBROKE PINES FL		2 4 CITY-ST-ZIP		
lift(		DELETE	3 1 TITLE		Change Addition
NAME OTRECE MENGERS			3.2 NAME		;
STREET ADDRESS			3 3 STREET ADDRESS	•	
CHY-ST ZIF TUTLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAMÉ		First bress	4. 2 NAME		En comillo En subtituit
STREET ADDRESS			4.3 STREET ADDRESS		
Cify-S1-2iP			4.4 CITY-ST-ZIP		
TIME		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAMC			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-SI-ZP			54 CITY-ST-ZIP		
HILE	100	DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		i
Auty et au			E A CITY . CT. ND		

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:

**FILED** 

Mar 04 1997 8:00am

Secretary of State