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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISION OF CORPORATIONS

1997 DOCUMENT # S65688

(1)

LONG & PRILLAMAN, INC.

Secretary of State Sporelary of State

FILED

Apr 04 1997 8:00am

A TRACTORIA BIO MICAL DIRIO ANTOLERIAS ACTO ANTICARDIL ALBIA BIBLI ALBIA ALBIA ILBA

Principal Place 7600 RED ROA SUITE 333 MIAMI FL 3314		Mailing Address 7600 RED ROAD SUITE 333 MIAMI FL 33143-5427				
{					3. Date Incorporated or Qualified 07/01/1991	3a. Date of Last Report 04/02/1996
2. Principal F	lace of Business	2a. Mailing Address 26		·····	4. FEI Number 65-0277395	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	***************************************	***************************************	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Z (p)	Country	28	Cour	ntry	Trust Fund Contribution 8. This corporation has liability for	Added to Fees intangible tax under s 199.032,
24	25 g. Name and Address of Currer	29 ot Registered Agent	30		Florida Statutes 10, Name and Address of New R	Yes No
PRIL	LAMAN, CHRISTINE	it (toglatored rigori		B1 Name	10, 1101114 4110 1101114	Oğlusian rigorii
760 SUI	0 RED ROAD TE 333		Į		ress (P.O. Box Number is Not Accepts	ble)
MIA	MI FL 33143			B3		
				64 City		FL 85 Zip Code
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized Torida Statu	by the corporal ites. Agent signature requir	poration submits this statement for the tion's board of directors. I hereby acce red when reinstaling)	pulpose of changing its registered appointment as registered
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	
IDLE	D Long, Diane	☐ DELETE	1.1 111	1		Change Addition
NAME STREET AUDRESS	7381 SW 116 ST		1.2 NAI 1 3 STA	REET ADDRESS		:
CITY-\$1-24°	MIAMI FL			Y - ST - ZIP		
THEF	D	DELETE	2.1 10			Change Addition
NAME	PRILLAMAN, CHRISTINE		22 NA	ME		
STREET ADDRESS	7440 S W 36 ST		1	REET ADDRESS		
CITA ST-SIE	MIAMI FL	DELETE	2 4 CI	r-st-zip		Change Addition
NAME		breen	3.2 NA			El orango El montion
STREET ADDRESS				HEET ADDRESS		
0/TY-87-7/P			3 4. CI	Y-ST-ZIP		1
TITLE		DELETE	4.1 Tit	LE		Change Addition
NAME			. 4. 2 NA	1		
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP		DELETE		Y - ST - ZIP		Change Addition
THEF NAME		T) office	5.1 TIT 5.2 NA	L L		CT cusufix CT VROUIDS
STREET ADDRESS				REET ADDRESS		
CHY S1-ZIP				Y-ST-ZIP		
THILE		DELETE	6.1 TIT			☐ Change ☐ Addition

64 CITY-ST-ZIP 14. Los 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.

6.3 STREET ADDRESS

6.2 NAME

STREET ADDRESS