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

PROFIT CORPORATION ANNUAL REPORT

1997



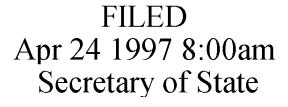
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$72753

(4)



Principal Place 1301 WEST COP POMPANO BEAC	ANS ROAD	Mailing Address 1301 WEST COPANS R POMPANO BEACH FL S		···		
					 Date Incorporated or Qualified 08/02/1991 	3a. Date of East Report 05/01/1996
2. Principal Pla	ce of Business	2a. Mailing Address			4, FEI Number	Applied For
Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2903877	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28 Zip			Trust Fund Contribution	☐ Added to Fees
	Zip Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25 9. Name and Address of Curre	29 ant Registered Agent	[30]		Florida Statutes 10. Name and Address of New Re	
		www.vaAlereien wAeiir	8	1 Name	(U, Hellie and Addition of New No.	Aigroige Wheilf
	CHISON, GLENN B.E. 5TH AVE.				ddaga (D.O. Day Murch I. M. J. A.	Ja V
POMPANO BEACH FL 33060			82 Street Add		Address (P.O. Box Number is Not Acceptab	no)
			8	3		
÷			8	4 City		85 Zip Code
					corporation submits this statement for the poration's board of directors. I hereby accep	FL
12.		ND DIRECTORS	13.		equited when reinstating) ADDITIONS/CHANGES TO OFFIC	
	D Murchison, Glenn	☐ DELETE	11 TITLE			Change Addition
			1.2 NAME 1.3 STREET ADDRESS			
	POMPANO BEACH FL		1.4 CITY			
	VP	DELETE	2.1 TITLE			Change Addition
NAME	JOHNSON, ROBERT		2.2 NAM	:		
STREET ADDRESS	831 S.E. 5TH AVE.		2.3 STRE	1 ADDRESS		
	POMPANO BEACH FL		2. 4 CITY	~~~~~~~~~		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME CTREET ADDRESS			3.2 NAM	·		
STREET ADDRESS CITY-ST-ZIP			3.3 STRE 3.4. CHTY	ET ADDRESS		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM			• - ·-
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- S1 - 7(P		
TALE		DELETE	5.1 TITLE	·		Change Addition
NAME			5.2 NAMI			
STREET ADDRESS				EL ADDRESS	• •	
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.4 CITY 6.1 TITLE			Change Addition
NAME		ے موردار	6.2 NAME			C.u.ngo Abdullon
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
	certify that the information supplied	nd with this filing dogs not a			ated in Section 119 07(3Vi). Florida Statuter	. I further certify that the

Information indicated on this annual report or supplied with this initial report or supplemental annual report is true and accurate and that my signature shall have the same legal 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 changed or on any attachment with an address.