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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # <b>S72829</b>	(2)						
	PLE ENTERPRISES, INC.	• •			: ••			
Principal Place of Business Mailing Address					I ADDAIDAID FAA HOOLD LANDI LANDI HAND HAND FADID COFA	OLEH DIBN BIBN B		
160 SOUTHWEST 12TH AVENUE		160 SOUTHWEST 12TH AVENUE						
SUITE #101B DEERFIELD BEACH FL 33442		SUITE 101B DEERFIELD BEACH FL 33442-3114						
USERFIELD BE	RUN FL 33442	US DEMONIT	L 90445-0114		3. Date Incorporated or Qualified	3a. Date of	Last Re	sport
					08/13/1991	03/27/1		
2. Principa! Pl	ace of Business	2a. Mailing Address					plied For	
21		26			65-0279307			
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>3,75</b> A Fee Re	dditional
City & State	6	City & State			O Starting Company of Figure 1			·
23	•	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zφ	Country	Zip	Country		is corporation has liability for intangible tax under s. 199.032,			
24	25				Florida Statutes Yes No			
······	g. Name and Address of Current	Registered Agent		1 1	Name and Address of New Reg	lstereti Agen	t	
	rksman, alan J.		81	Name				
160 SOUTHWEST 12TH AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptab	Θ)		
SUITE #101B			83			·		<del></del>
DEERFIELD BEACH FL 33442							· · · · · · · · · · · · · · · · · · ·	
			84	City		FL 85	Zip C	Code
11. Pursuanit	to the provisions of Sections 607,0502	and 607.1508, Florida \$	tatules, the above	ve-named corp	poration submits this statement for the p	urpose of chai	nging its	s registered
office or re agent. Las	egistered agent, or both, in the State ( m familiar with, and accept the obliga	of Florida. Such change v tions of, Section 607.050!	vas authorized b 5. Florida Statute	by the corpora as.	tion's board of directors. I hereby accep	t the appointn	nent as	registered
SIGNATURE	, ,							
	Signature, typed or printed name of registered agent and title if applicable (NOTE OFFICERS AND DIRECTORS			rgistered Agent signature required when reinstating)  DATE  DATE			0.41.4	
12. TITLE	D OFFICERS AND	DELETE	13. 1.1 Title		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	LEIPZIG, HOWARD A.		1.2 NAME					
STHEET ADDRESS	160 S.W. 12TH AVE. S-109			T ADDRESS				
DITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-	ST-ZIP				
TITLE		DELETE	2.1 TITLE				Change	Addition
NAMÉ			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS	, t			
CITY - ST - ZIP		DELETE	2. 4 CITY			171	Change	Addition
TITLE NAME			3.1 TITLE 3.2 NAME		•	، ب	nigit <b>y</b> o	Addition
STREET ADDRESS				T ADDRESS				
CHY-SI-ZIP			3.4. City	l				
TITLE		DELETE					Change	Addition
NAME			4 2 NAM	į				
STREET AODRESS			4 3 STREE	ET ADDRESS				
CITY-ST-7#			4.4 CITY-	ST-ZIP				
T-1L <del>f</del>		☐ DELETE					Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			- 1	T ADDRESS				ļ
CITY - ST - ZO <sup>3</sup>	W 1979 (A. ). 12 th 1979	DELETE	5.4 CITY - 6.1 TITLE				Change	Addition
NAME			6.2 NAME			السبا		
				T ADDRESS				
CHICE CHOOME (K)			0.0 01144					

14. If 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 13 if charged, or on an attachment with an address.