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 # \$91588

(1)

FILED
Apr 15 1997 8:00am
Secretary of State

(954)977.9000

Principal Place of Business Mailing Address 8801 NW 9TH AVENUE 8801 NW 9TH AVENUE SUITE 102 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-2155															
										3.	Date Incorporated or Qualified 11/01/1991		ate of Last Re /03/1996	eport	
2.	Principal P	lace of Busin	ness		28.	Mailing Address				4.	FEI Number			oplied For	
21	Cuito Art	4 oto			26	Suite, Apt. #, etc.				-	65-0290160			t Applicable	
22	Suite, Apt.	w, etc			27	adite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 A		
	City & State	e				City & State			· · · · · · · · · · · · · · · · · · ·	6.	Election Campaign Financing		\$5.00		
23	Zip			untry	28]	Zip	Col	intry	<u> </u>	 _	Trust Fund Contribution		Added t		
24	2 112		25	on it y	29	2-147	30	y) a.	This corporation has liability for Florida Statutes	intangible Yes		. 199,032,	
		9. Name		ddress of Currer		tered Agent	173.1			10.	Name and Address of New R	egistered	Agent		
		ODBURY, I						81	Name						
		1 NW 9TH						82	Street Addre	ess (f	P.O. Box Number is Not Accepte	ble)			
	FII	LAUDERDA	LE FL	33309				83							
								84	City				lest Zin (Code	
								64	City			FL	85 Zip (200 6	
SIC.	SNATURE			accept the oblig name of registered ago OFFICERS AN	ent and title				S. ent signature require		n reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS ANI	D DIRECTOR	IS IN 12	
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CITY	(-S1-7#	by certify tha in indicated Ificer or dire in Block 12 c	it the in on this ctor of or Block	formation supplie annual report or s the corporation of 13 if changed, o	d with the supplement of the record	nis filing does not qua nental annual report is seiver or trustee empo attrichment with an ac	6.4 C	ITY-S	ST-ZIP	in Se my s t as r	ection 119.07(3)(i), Florida Statut ignature shall have the same leg equired by Chapter 607, Florida	es. I furthe al effect a Statutes;	er certify that is if made un- and that my r	tl d	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: