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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$92560

(9)

	FILEI)
Jan 27	1997	8:00am
Secre	etary o	of State

Principal Place 757 SE 17TH \$ 401 FT LAUDERDAL	TREET	Mailing Addr C/O ABC 790 E BROW FT LAUDERD, US	ARD BLVD	1-2095	<u>.</u>				
US		US				3. Date Incorporated or Qualified 11/07/1991		e of Last F 19/1996	Report
2. Principal Pla	ace of Business	2a. Mailing A	ddress	··		4. FEI Number			pplied For
1		26	,			65-0294765			lot Applicable
Suite, Apt. #	t, etc.	Suite, Apt	t. #, etc.			5. Certificate of Status Desired		•	Additional lequired
City & State		City & Sta	te			6. Election Campaign Financing	<u> </u>		May Be
3	Country	28		Counti	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution			to Fees
Zip	Country	Zip 29		30	У	 This corporation has liability fo Florida Statutes 	r intangible ta		s. 199.032,
4	25 9. Name and Address of Curr		nt	[30]		10, Name and Address of New R			
STE	WART, IAN			8	1 Name				
	SE 17TH ST				1 0 -1 1	Con Day Name is No.	. L. I		
# 40°	• · · · · · · · · · · · · · · · · · · ·			[8 <i>i</i>	Street Add	dress (P.O. Box Number is Not Accepta	abie)		
FTL	AUDERDALE FL 33316			8:	3		······		
				84	4 City			85 Zip	Code
						rporation submits this statement for the	<u>FL</u>	ĻĻ	
SIGNATURE.	Signature Typed or printed name of registered OFFICERS A	ND DIRECTORS		F Registered A	gent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TITLE			[Change	Addition
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1	CT LAUDEDOALE EL			1.3 STRE	ET ADDRESS				
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

18/97

954-763-1148

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