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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # \$93424

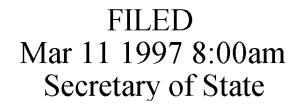
(7)

SCHNEIDER AND FIEDLER, P.A., CERTIFIED PUBLIC AC COUNTANTS

Principal Place of Business 210 UNIVERSITY DR SUITE 606

Mailing Address

210 UNIVERSITY DR., SUITE 806 SUITE E-106





CORAL SPRINGS FL 33071 US			US US			3. Date Incorporated or Qualified		e of Last Re	port
						11/13/1991	04/25/1996		
2, Principal P			2a. Mailing Address	70		4. FEI Number			plied For
	N.W. 79	TERRACE	26 821 N.W.	17	PETRACE	65-0295004			t Applicable
Suite, Apt	#, etc		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
	LATION _	FL	City & State PLANTATION		FL	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	o Fees
^{7ւր} 4 333⊁		Country BROWARD	^{7(ρ} 33324	30 £	BROWARD	T TOTAL CLOSE CLOS	Yes	No	199.032,
	9. Name	and Address of Curren	t Registered Agent		041 11	10. Name and Address of New Re		gent	
SCHNEIDER, ALLAN 210 UNIVERSITY DR SUITE 808					81 Name FIEDLER, JOAN M. 82 Street Address (P.O. Box Number is Not Acceptable) 82 N. W. 79 TERRACE				
	RAL SPRING	IS FL 33071			83				
					84 City PLA	NTATION	FL	85 Zip (Code 3324
11. Purscant	I to the provisi	ons of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bove-named corpo	oration submits this statement for the	ourpose of	changing it	s registered
office or i agent 1 c	registered agi am familiar wit	ent, or both, in the State hi and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	autnorize Iorida Sta	ed by the corporate stutes.	on's board of directors. I hereby acce		_	registered
SIGNATURE	goa	n m. o	redle				1-3	1-97	
	SignyCon- typicals	orporton maine of negic loned age			ed Agent signature require	ed when roinstating) ADDITIONS/CHANGES TO OFFICE	DATE DEDC AND	DIDECTOR	C IN 12
12.	T 6	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	Addition
TOLE	ע אינייט	FO 411.441	N DELETE		IITLE		,	Dridings	
NAME		er, allan			HAME				
STREET ACKRESS		ERSITY DR			STREET ADDRESS				
CITY - S1 - Z6P	+ <u>-</u>	PRINGS FL	Donete		CITY-ST-ZIP			Change	Addition
TILE	i D	1041144	∐ DELETE	1 .	TITLE			L_1 Change	C Vanition
	ı -			2.21	NAME				
NAME	FIEDLER,								
NAME STREET ADDRESS	FIEDLER, 210 UNIV	ersity dr			STREET ADDRESS				
STREET ADDRESS	FIEDLER, 210 UNIV		Doutt	2. 4	CHTY-ST-ZIP			Change	Addition
STREET ADDRESS OFF SE-ZEP TITLE	FIEDLER, 210 UNIV	ersity dr	DELETE	2.4	CITY-ST-7IP		-	☐ Change	☐ Addition
STREET ADDRESS COTY SE-ZOT TITLE NAME	FIEDLER, 210 UNIV CORAL S	ersity dr	DELETE	2.4 31 321	CITY-ST-ZIP TITLE NAME		-x	☐ Change	☐ Addition
STREET ADDRESS OFFY SE-ZEP TITLE	FIEDLER, 210 UNIV CORAL S	ersity dr	DELETE	2.4 31 321 333	CITY-ST-ZIP TITLE NAME STREET ADORESS		·	Change	Addition
STREET ADDRESS COV SE 70° VILS NAME STREET ACORESS CITY-SE 2P	FIEDLER, 210 UNIV CORAL S	ersity dr		2. 4 31 321 3.33 3.4.	CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP				
STREET ADDRESS GRY SE ZIP THUS NAME STREET ACORESS GITY-ST ZIP THUE	FIEDLER, 210 UNIV CORAL S	ersity dr	DELETE	2.4 31 32 333 3.4 4.1	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Change	
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STREET ADDRESS COTY SE ZIP THUS NAME STREET ACORESS COTY SE ZIP THUS NAME STREET ACORESS STREET ACORESS	FIEDLER, 210 UNIV CORAL S	ersity dr		2. 4 31 321 3.33 3.4 4.1 4.2 4.3	CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP HILE NAME STREET ADDRESS				
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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 of Lam 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:

M. Fredley

954-561-8202