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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 03 1997 8:00am Secretary of State

Principal Place 11860 N.W. 24 PLANTATION FI	o of Business	Mailing Address 11860 N.W. 24 STREET PLANTATION FL 33323-180	0			
				3. Date Incorporated or Qualified 02/25/1992	3a. Date of Last F 04/22/1996	Report
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		pplied For
21		26		65-0314781	N	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22 City & State		City & State				equired
23]	J	28		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for		····
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Curr	ent Registered Agent	81 Name 1	10. Name and Address of New Re	glatered Agent	
	N, STEVEN H		81 Name	IMMENE RIEIN		
	0 N.W. 24 STREET NTATION FL 33323		82 Street And	yess (P.O. Box Number is Not Acceptat	19	
r L-N	TIATION I C 30023		83 // 01	ev row ar	37	
				11		
•			84 City	LANTATION	FL 85 😤	2322
11. Pursuant i	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of changing	is registered
office or ri agent 1 si	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a least-one of Spotion 607.0505. Fir	iuthorized by the corpora	ation's board of directors. I hereby accep	pt the appointment as	s registered
		igations of acction our gade, the	ภานส อเลเนเซร.	· ·		
		igations of acction cortago, the	orius Statutes.		,	
SIGNATURE .	Signature, typed or printed have of registered a	igent and title if applicable. (NOTI	E: Registered Agent signature requ	uired when reinstating)	DATE	
SIGNATURE .	Signature, typed or printed have of registered a	igent and lifts if suplicable. (NOTI ND DIRECTORS	: Registered Agent signature requ		DATE DERS AND DIRECTO	RS IN 12
SIGNATURE .	Signature typica or printed record of registered a OFFICERS A	igent and title if applicable. (NOTI	Registered Agent signature req.	uired when reinstating)	DATE	
SIGNATURE . 12. THE NAME	Signature typica or perced record of registered a OFFICERS A P KLEIN, MARLENE	igent and lifts if suplicable. (NOTI ND DIRECTORS	E: Registered Agent signature req. 13. 11 TITLE 12 NAME	uired when reinstating)	DATE DERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typica or printed record of registered a OFFICERS A	igent and lifts if suplicable. (NOTI ND DIRECTORS	Registered Agent signature req. 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE DERS AND DIRECTO	RS IN 12
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he receiver or trustee empowered to execute this report as required bon in attachment with an address. I am an officer or director of the corporat appears in Block 12 or Block 12 if Chang

SIGNATURE: