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 # V19432

(6)

Principal Place of Business Principal Place of Business Principal Place of Business Mailing Address PO BOX 812431 BOCA RATON FL 33481-2431 FORT LAUDERDALE FL 33325								
POHI LAUDEN	VALE PL 35323				3. Date Incorporated or Qualified 03/05/1992	3a. Date 07/22		eport
2. Principal Place of Business		2a. Mailing Address	2e. Mailing Address 26		4. FEI Number 65-0314633	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		Additional
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Ζφ 4]	Country 25	Zip 29	30 Co	ountry	This corporation has liability for in Florida Statutes	ntangible tax Yes []		199.032,
	9. Name and Address of Cu	rrent Registered Agent		T	10. Name and Address of New Re	gistered Ag	ent	
1. Pursuant office or r agent. La SIGNATURE					prporation submits this statement for the pration's board of directors. I hereby accep	urpose of characteristics of the appoint		Code s registered registered
	Signature, typed or printed name of registere				quired when reinstating)	DATE		
2	OFFICERS	AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC			
TLE	Р	☐ DELETE	1.1	TITLE		L.	Change	☐ Addition
AME	RANDLE, VICTORIA J.		1.2	NAME				
TREET ADORESS ITY - ST - ZIP	228 SW 83RD WAY PEMBROKE FL			STREET ADDRESS CITY-ST-ZIP				
TLF	D	DELETE		TITLE			Change	Addition
AME	RANDLE, WILLIAM M., JR.			NAME		•		
TREET ADDRESS	228 SW 83RD WAY			STREET ADDRESS				
	PEMBROKE FL			1				
TLF	LIMONONLIL	DELETE		CITY-ST-ZIP TITLE			Change	Addition
AME		_ been		NAME			unulika	(۱۹۵۰٬۱۵۰۰ بــ
			E	NAME STREET ADDRESS	•			
TREET ADDRESS								
17Y-\$1-7P	, ,	DELETE		CITY-ST-ZIP		···	Change	Addition
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AMÉ				NAME				
TREET ADDRESS				STREET ADDRESS				
(fY-ST-ZIP				CITY-ST-ZIP			1 20	
ITLE		DELETE	5.1	TALE		L.] Change	Addition

6.4 City-St-zip

14. 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 the annual report are required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block and annual report with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

IGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

561-715-2103

Change

Addition

FILED

May 05 1997 8:00am

Secretary of State

ne Phone # **0344427**