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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 11 1997 8:00am Secretary of State

ncipa' Place 141 CEDAR (MI LAKES I		Mailing Address 14541 CEDAR CT MIAMI LAKES FL 33014	-2819			
				3. Date Incorporated or Qualified 05/04/1992	3a. Date of Last R	leport
	lace of Business	2a. Mailing Address		4. FEI Number		oplied For
14541	CEDAR CT	26 -		65-0330024		ot Applicable
Suite, Apt	W. Eld. LAKES FL.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State	O NARES IL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Ζφ .	Country	Zip	Country	8. This corporation has liability for	intangible tax under s	
3301		[29]	30	Florida Statutes 10. Name and Address of New Re	Yes No	
DAD	 Name and Address of C DON, GAIL R. 	urrent Hegistered Agent	81 Name	IV. Name and Address of New A	agisteren wäeur	
	41 CEDAR CT			- /0 O B	L(-)	
	MI LAKES FL 33014		82 Street Add	dress (P.O. Box Number is Not Accepta	D(8)	
******			83			
			84 City		FL 85 Zip	Code
- Office or d - agent illa	registered agent, or both, thithe im familiar with land accept the	State of Florida Such change wa	as authorized by the corpora		iot the appointment as	registered
	Que bulo		Florida Statutes.		1/10/97	
SNATURE	Signature Guld by printed and the top of		Florida Statutes. NOTE Registered Agent signature requirements.		4/19/97	
NATURE	Signation Guller point State Of LICER	ned agost and title if applicable (f	Florida Statutes. NOTE Registered Agent signature requ	uired when reinstating)	4/19/97	RS IN 12
ENATURE	D BARDON, GAIL R.	red agent and trile if applicable (f	Florida Statutes. NOTE: Registered Agent signature requ	uired when reinstating)	HID/97 CERS AND DIRECTOR	RS IN 12
BRUTAM	D BARDON, GAIL R. 14541 CEDAR CT	red agent and trile if applicable (f	Florida Statutes. NOTE: Registered Agent signature requ 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	HID/97 CERS AND DIRECTOR	1S IN 12
EL ADOPESS	D BARDON, GAIL R.	esd agent and tole if applicable (F IS AND DIRECTORS DELETE	Florida Statutes. NOTE: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	CERS AND DIRECTOR	RS IN 12
NATURE	D BARDON, GAIL R. 14541 CEDAR CT	red agent and trile if applicable (f	Florida Statutes. NOTE: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating)	HID/97 CERS AND DIRECTOR	RS IN 12
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ELADORESS	D BARDON, GAIL R. 14541 CEDAR CT	esd agent and tole if applicable (F IS AND DIRECTORS DELETE	Florida Statutes. 40TE: Repistered Agent signature requirements of the signature requirements o	uired when reinstating)	CERS AND DIRECTOR	RS IN 12
ENATURE E ETADOPESS - S1- 2/P F III EETADOREGS - S1- 2/P	D BARDON, GAIL R. 14541 CEDAR CT	esd agent and tole if applicable (F IS AND DIRECTORS DELETE	Florida Statutes. NOTE: Repistered Agent signature requirements for the signature requiremen	uired when reinstating)	CERS AND DIRECTOR	RS IN 12 Addition Addition
ELADORESS - S1-ZIP	D BARDON, GAIL R. 14541 CEDAR CT	esed agont and total if applicable (f) IS AND DIRECTORS DELETE	Floricia Statutes. **Title	uired when reinstating)	CERS AND DIRECTOR Change	RS IN 12 Addition Addition
ENATURE E ELADOPESS - S1-ZIP - ELADORESS - S1-ZIP - ELADORESS - S1-ZIP - F	D BARDON, GAIL R. 14541 CEDAR CT	esed agont and total if applicable (f) IS AND DIRECTORS DELETE	Florida Statutes. NOTE: Registered Agent signature requirements for the signature requiremen	uired when reinstating)	CERS AND DIRECTOR Change Change	RS IN 12
ENATURE E E E ADDRESS T E ADDRESS - S1-ZIP F E E ADDRESS - S1-ZIP R E E ADDRESS	D BARDON, GAIL R. 14541 CEDAR CT	red agent and tele if applicable (FIS AND DIRECTORS DELETE DELETE DELETE	Florida Statutes. NOTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uired when reinstating)	CERS AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition
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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 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: >

1-305-8228448