## FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1/2611

101

		Mailing Address 110 SE 6 ST SUITE 1630 FT LAUDERDALE FL 33301	.Emi	······································			
TI LAUCENDAL	E FL 33301	TT CHOPCHONIC TE 60001	<b>300</b> 1		3. Date Incorporated or Qualified 05/11/1992	3a. Date of Last Report 05/09/1996	
,	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt i	# elc	Suite, Apt. #, etc	<del></del>	······································	65-0338328	Not Applicable 88.75 Additional	
2	., •	27			5. Certificate of Status Desired	Fee Required	
City & State	>	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	У	8. This corporation has liability for	r intangible tax under s. 199.032,	
<u>.</u> 4	25		30			Yes No	
	9. Name and Address of Curre	nt Registered Agent	8	I Name	10. Name and Address of New F	legistered Agent	
MIANO, LAWRENCE JOHN				Name			
110 SE 6 ST			8:	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
	E 1630		8:	3			
ri L	AUDERDALE FL 33301						
	•		8	4 City		FL 85 Zip Code	
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered A		oration submits this statement for the tion's board of directors. I hereby accord when reinstating)	DATE	
12.		ND DIRECTORS DELETE	13.	<del> </del>	ADDITIONS/CHANGES TO OFF	Change Addition	
TITLE NAME	d Rosenberg, Elsie D.	☐ DELETE	1.1 TITLE 1.2 NAME	١.		C change C Addition	
STREET ADDRESS	110 SE 6 ST			ET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY	· · · · · · · · · · · · · · · · · · ·			
TITLE	D	DELETE	2.1 TITLE			Change Addition	
NAME	rosenberg, larry		22 NAMI				
STREET ADDRESS	110 SE 6 ST		2.3 STRE	et address			
CHY+\$1-20P	FT LAUDERDALE FL		2 4 CITY				
TITLE		DELETE	3.1 TITLE	ļ.	•	Change  Addition	
NAME			3.2 NAME	` <u>}</u>	•		
STREET ADDRESS				ET ADORESS	•		
CITY - ST - ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE			Change Addition	
NAME		fred mass.n	4. 2 NAM	. 1			
STREET ADDRESS				ET ADDRESS			
CITA- ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME		•	5.2 NAMI	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Relete	5.4 CiTY			Change   Laure:	
TITLE		☐ DELETE	6.1 TITLE	ì		☐ Change ☐ Addition	
NAME		•	6.2 NAMI	ì			
STREET ADDRESS				ET ADDRESS			
C(TY-ST-ZIP 14. I do hereb	ov certify that the information supplied	ed with this filing does not qualif	y for the ex	comption stated	d in Section 119.07(3)(i), Florida Statu	ites. I further certify that the	
information Lam an of	n indicated on this annual report or	supplemental annual report is tr or the receiver or trustee empow	rue and aci	curate and that ecute this repo	d in Section 119.07(3)(1), Florida Statut my signature shall have the same le rt as required by Chapter 607, Florida	gai effect <b>as</b> ir made under oath; t	

**FILED** 

May 07 1997 8:00am

Secretary of State