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 # V48565

565 (8)

SUSAN P. BAKALAR, P.A.

FILED Apr 28 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 1152 N. UNIVERSITY DRIVE 1152 N. UNIVERSITY DRIVE							
SUITE #201 PEMBROKE PINES FL 33024		SUITE #201 PEMBROKE PINES FL 33024-5031			3. Date Incorporated or Qualified 3a. Date of Last Report		
					07/08/1992	02/07/1996	
2. Principal Pla		2a. Mailing Address			4. FEI Number 65-0343072		Applied For
	w 70th Alenue	26 Suite, Apt. #, etc.			0070343072	- \$8.7F	Not Applicable Additional
Suite, Apt #, etc. 22 SUITE D City & State City & State					5. Certificate of Status Desired	1 1	Required
					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
23 DAVIE 28							
7E 20.	Country	Zip	Cour	lry	8. This corporation has liability for it		s. 199.032,
24 FLONE		29	30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes 10. Name and Address of New Reg	Yes No	
DAV	9. Name and Address of Curi	eur wagistaran waant		Name Q	MAACCEAL D	interes Agent	
	ALAR, SUSAN P. N. UNIVERSITY DR.	,			THIUNG BUSIN T.		
SUITI				Street Acid	ress (P.O. Box harmbernis Not Acoppteb	(1) &	
	BROKE PINES FL 33024		-	83	INC. D.		
₹ 1	N1016 1 11160 1 6 30021			<u> </u>	TIE D	les -7i	n Code
			ľ	B4 City Df	NE	FL	3317
11. Pursuant t	the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the ab	ove-named cor	poration submits this statement for the p	urpose of changing	its registered
office or re agent. Lar	gistered agent, or both, in the Sta ri familiar with, and accept the ob-	ate of Florida. Such change was ligations of, Section 607.0505, F	authorized Iorida Stati	by the corpora	poration submits this statement for the patien's board of directors. I hereby accept	t the appointment:	as registered
SIGNATURE	SUSAN P. BAKK	HAR PRESIDENT	•		4	liki	
SIGNATURE	Signature: typed or printed name of registered	agent and tille if applicable (NC	TE: Registered	Agent signature requ	ired when reinstating)	DATE	
12,	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTI	
TifLF	P	☐ DELETE	1.1 TIT	/2	MAM M. CICAL P.	Les Chang	e L ADDITION
NAME	BAKALAR, SUSAN	MTT AA4	1.2 NA	94	240 SW 70 H. AVENUG	SUITE D	
STREET ADDRESS	1152 N. UNIVERSITY DR. SI PEMBROKE PINES FL	NIE ZVI		REET ADDRESS	PAIN FIMURE 232	37	
COY SI-ZP	PEMIDITURE FILES FL	DELETE	2.1 TIT	Y-ST-ZIP	DITTE / TOURING 823	Chang	e 🔲 Addition
THE F			2.2 NA				
NAME OFFICE ADDRESS				REET ADORESS	. •		
STREET ADDRESS				TY-ST-ZIP			
CHY-SI-ZIP TOLE		DELETE	3.1 TIT			☐ Chang	e Addition
MAME			3.2 NA				
STREET ADDRESS				REET ADDRESS			
C-TY+S1+ZIP			3.4. CI	TY-ST-ZIP			
11-16		DELETE	4.1 111	LE		Chang	e Addition
NAME			4. 2 N	ME			
STREET ADDRESS			4.3 ST	REE1 ADDRESS			
CHY-ST-7P			4.4 CI	Y - S1 - Z(P			
TITLE		☐ DELETE	5.1 T/1	ιŧ		L. Chang	je 🛄 Addition
NAME			5.2 NA	ME			
\$treet adoress			5.3 ST	REET ADDRESS			
CHY-S1 20				Y-ST-ZIP		——————————————————————————————————————	
HILF		DELETE	6 1 Ts1	1		☐ Chan	e 🔲 Addition
NAME			62 N	i	•		
CARCEL PRODUCES			6.3 ST	reet address			
STREET ADDRESS							

I do hereby certify that the information supplied with this filing does not qualify for the exemption is alled in section 113-2000, holder a landles. For the exemption 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 of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Da

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