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

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FILED May 02 1997 8:00am Secretary of State

. Corporatio	e of Business AVENUE	Mailing Address 2150 NW 9TH AVENUE FT. LAUDERDALE FL 333 US	11-4032		
				 Date Incorporated or Qualified 09/14/1992 	3a. Date of Last Report 04/02/1996
2. Principal Place of Business 2e. Mailing Address 21			4. FEI Number 65-0354905	Applied For Not Applicable	
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 27 City & State City & State 23 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Cur	29 rent Registered Agent	30]	10. Name and Address of New Reg	
SHORT, LARRY 1118 NW 30TH ST. WILTON MANORS FL 33311			81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable	9)
			84 City		FL 85 Zip Code
11. Pursuant office or i agent La SIGNATURE	registored agont, or both, in the St rm familiar with, and accept the ob- Signature, typed or protect name of registered	ate of Fiorida. Such change was digations of, Section 607.0505, F	ites, the above-named corporal authorized by the corporal lorida Statutes. TE Registered Apent signature required 13.	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating) ADDITIONS/CHANGES TO OFFICE	the appointment as registered
Title	PD	DELETE	1.1 TITLE	ADDITIONAL TO OTHER	Change Addition
NAME STREET ADDRESS	SHORT, LARRY 1116 NW 30TH ST WILTON MANORS FL		1.2 NAME 1.3 STREET ADDRESS		į
C(TY - ST - ZIP TITLE	WILLION INCHOROLOTE	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 Street Address		
CITY - ST - ZIF		····	2.4 CITY-ST-ZIP	······································	
TILLE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET AODRESS		
CHTY-ST-7IP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME 4.3 Street address		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		;
11111		☐ DELETE	. 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDIESS			5.3 STREET ADDRESS		
CHY+SI+ZIP TITLE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-St-7/P			6 4 CiTY-ST-ZIP		

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 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

SIGNATURE: