## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

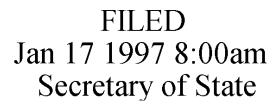
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

DOCUMENT # V67825

OPTION ENTERPRISES, INC.





Principal Plac	ce of Business	Mailing Add	Mailing Address				#1841 B1811 W1911	*****	<b>#</b> /#** (00)
11410 N BAYS NORTH MIAMI	BAYSHORE DRIVE IAMI FL 33181-3214								
						3. Date Incorporated or Qualified 09/28/1992	3a. Date o		leport
2. Pencipal F	Place of Business	2a. Mailing A	Address			4. FEI Number		T A	oplied For
1		26				65-0361572		N	ot Applicable
Suite, Apt.	. #, etc.	Suite Ar	Suite Apt. #, etc.			— \$8.75 A		Additional	
2		27				5. Certificate of Status Desired	' لببا	Fee R	equired
City & Stat	te	City & St	ate	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	ntangible tax	under s	. 199.032
4	25	29	Ī	30			]Yes 🔲 N		
	9. Name and Address of Cur	rent Registered Age	ent			10. Name and Address of New Re	gistered Age	nt	
SCI	HWEIGER, MARIAN A.			81	Name				
OCC PONCE DE LEON BLVD					An Charles (D.O. Davidson in National Annual Charles				
SUITE 1000				82	Street Address (P.O. Box Number is Not Acceptable)				
	RAL GABLES FL 33134			83					
00	HAL GABLES IL 53134								
				84	City		FL	5 Zip	Code
office or agent. La	registered agent, or both, in the SI am familiar with land accopt the ob-	late of Florida, Such obligations of, Section	change was a 607.0505, Flo	uthorized by rida Statute	the corpora s.	poration submits this statement for the pation's board of directors. I hereby acceptions	ot the appoint	ment as	registered
SIGNATURE						uirad when reinstaing)	DATE		
12.	w.w., production to the contract of the contra	AND DIRECTORS	pw.rc.	13.	ant aigha ore requ	ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12
T TLE	P		DELETE	1.1 TITLE	·····	7,55,7,5,7,5,7,7,7,7,7,7,7,7,7,7,7,7,7,		Change	Additio
NAME	LEIBOWITZ, MARVIN H.			1.2 NAME					
STREET ADDRESS	AAAAA NI MANAHAME AB			1.3 STREET	* ADDOCCO				
	NORTH MIAMI FL			1.4 CfTY- 8	<b>\</b>				
CITY - \$1 - ZIF TITLE	140/1111 IMPORT L		DELFTE	21 THUE	01.516			Change	Additio
		L	"I pret it	1				Çirange	riddia.
NAME				2.2 NAME					
STREET ADORESS				2.3 STREET					
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NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
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NAME				5.2 NAME	ļ				
STREET ADDRESS				5.3 STREET	ADDRESS				
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NAME	l	_						•	
176 11414				6.2 NAME					
Proces approved				62 NAME	r annorce				
STREET ADDRESS					ADDRESS				

14. I do hereby certify that the information supplied with this filing opes 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 suppliements 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, fir on an another ment with an address.

SIGNATURE:

MARVIN H. LEIBOURTZ