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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V73801

(5)

SHIRLEY ANN ESSE, P.A.

FILED Apr 09 1997 8:00am Secretary of State



								# 11 M 1 M 1 M	
Principal Place		Mailing Addre					2-4-, 4-41	- (7 m 10 11 U	
3277 NW 105TH AVE SUNRISE FL 33351 US			3277 NW 105 AVE SUNRISE FL 33351-6825						
03		00				3. Date incorporated or Qualified 10/22/1992	3a. Dat	e of Las 7/199	
2. Principal Pl	lace of Business	2a. Mailing Ad	ddress	······································	······································	4. FEI Number			Applied For
21		26				65-0377819			Not Applicable
Suite, Apt	#, etc	Suite, Apt	. #. etc.			5. Certificate of Status Desired			5 Additional Required
City & State 23	0	City & Star	City & State						00 May Be ad to Fees
Zip	Country	Zip		Country	,	8. This corporation has liability for	intangible t	ax unde	rs. 199.032,
24	25	29		0			Yes [•	
	····	of Current Registered Ager	nt		,	10. Name and Address of New Ro	glatered A	gent	
	DER, ROBERT L.			81	Name				
	0 East Commercial e Te 318	SLVD.			Street Add	ress (P.O. Box Number is Not Acceptable)			
	T LAUDERDALE FL 333	08		83					
				84	City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections	s 607.0502 and 607.1508, Fi	orida Statutes	, the abov	e-named corp	poration submits this statement for the tion's board of directors. I hereby acceptance	purpose of	changin	g its registered
	egistered agent, or both, in	the State of Florida, Such ch	nange was auf	thorized by	/ the corporal	tion's board of directors. I hereby acce	pt the appo	intment	as registered
office or n	m familiar with, and accept	the obligations of Section 6	07 0505. Florii		5.				
	m familiar with, and accept	the obligations of, Section 6	07.0505, Flori	ua Statute	S.				
SIGNATURE	rn familiar with, and accept					ired when reinstating)	DATE		
SIGNATURE	Stgoature Type of or printed name of n						DATE		
SIGNATURE	Stynature Typerf or proded name of o OFFIC	eg stereo agent and title if applicable CERS AND DIRECTORS		Registered Age		ired when reinstating)	DATE CERS AND		ORS IN 12
SIGNATURE	Squatore typest or partied name of or OFFIG D ESSE, SHIRLEY ANN	eg stereo agent and title if applicable CERS AND DIRECTORS	(NOTE: I	Registered Age		ired when reinstating)	DATE CERS AND	DIRECT	ORS IN 12
SIGNATURE 12. THE NAME	Stynature Typerf or proded name of o OFFIC	eg stereo agent and title if applicable CERS AND DIRECTORS	(NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME		ired when reinstating)	DATE CERS AND	DIRECT	ORS IN 12
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SIGNATURE 12. THE NAME	Squature typed or protect name of or OFFIC D ESSE, SHIRLEY ANN 3277 NW 105TH AVE	eg stereo agent and title if applicable CERS AND DIRECTORS	(NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requi	ired when reinstating)	DATE CERS AND	DIRECT	ORS IN 12 pe Addition
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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 or an attachment with an address.

SIGNATURE:

0291238