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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73825

(4)

ALBERT H. KOBERT, C.P.A., P.A.

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| Apr 29 1997 8:00am |
| Secretary of State |

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| 1 1710-11-11 | e of Business | Mailing Address | | | | | | | |
|--|---|--|-------------------|---|---|--|------------------|----------------------|--|
| 3800 HOLLYWO | OD BLVD. | 3800 HOLLYWOOD | D BLVD. | | | | | | |
| S-301 | | S-301 | **** | | | | | | |
| HOLLYWOOD F | L 33021 | HOLLYWOOD FL | 33021-0732 | | | 3. Date Incorporated or Qualit | lied Se Da | te of Last F | lenort |
| | | | | | | 10/22/1992 | | 6/1996 | |
| Principal Pr | lace of Business | 2a. Mailing Addr | ess | | | 4. FEI Number | | | optied For |
| 1 | A | 26 | | | · · · · · · · · · · · · · · · · · · · | 65-0365096 | | | ot Applicable |
| Suite, Apt | #, etc. | Suite, Apt #, | etc. | | | 5. Certificate of Status Desired | d 🗆 | | Additional equired |
| City & State | 3 | City & State | | | | 6. Election Campaign Financia | | \$5.00 | May Be |
| 3 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | | Country | , | 8. This corporation has liability | y for intangible | tax under s | 199.032, |
| 4 | 25 | 29 | 3 | 30 | | Florida Statutes | Yes [| | · |
| <u> </u> | 9. Name and Address of Cu | | L. | <u> </u> | | 10. Name and Address of Ne | w Registered / | Agent | *************************************** |
| KOB | ert, albert H. | | | 81 | Name | | | | |
| | HOLLYWOOD BLVD. | | | 62 | Street Ade | ress (P.O. Box Number is Not Aco | entable) | | |
| S-30 | | | | 102 | Sireet Aut | Siess (F.O. BOX Number is NOT ACO | eptable) | | |
| HOL | LYWOOD FL 33021 | | | 63 | | | | | |
| | | | | | | | | 1221 4 | <u> </u> |
| | | | | 84 | City | | FL | 85 Zip | Code |
| | | | | | | | | | |
| SIGNATURE. | Standard typed or precedingne of redistere | od accept and title if applicable | (NOTE: I | Registered Ag | ent signature requ | uired whon reinstaling) | DATE | | |
| | Signature Typed or preced hank of registers OFFICERS | od agent and title if applicable AND DIRECTORS | (NÔTE: | Registered Ag | ent signature requ | uired when reinstaling) ADDITIONS/CHANGES TO (| | DIRECTOR | RS IN 12 |
| 2. | | | | | ent signature requ | | | DIRECTOR Change | |
| 12. (ILF | OFFICERS | AND DIRECTORS | | 13. | ent signature requ | | | | |
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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 appears in Block 12 or Block 13 if made on an attachment with an address.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 954-963-118 Described Phone #