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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if change



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000038136 (5)

WIERNICKI & SENYSHYN, P.A.

Principal Place of Business Mailing Address ı banıbanın bis tekin monot menti matet matet matet matet delah bitan batan batan altın abet 190 W. SPANISH RIVER BLVD. 190 W. SPANISH RIVER BLVD. SUITE 100 SUITE 100 **BOCA RATON FL 33431** BOCA RATON FL 33431-4217 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1994 06/28/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0485117 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zio This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WIERNICKI, THOMAS R 190 W. SPANISH RIVER BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 **BOCA RATON FL 33431** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ŊΡ Addition DELETE 1.1 TITLE Change TITLE WIERNICKI, THOMAS R 1.2 NAME NAME 190 W. SPANISH RIVER BLVD, #100 STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition DVS 21 TITLE TITLE SENYSHYN, JEAN 22 NAME NAME 190 W. SPANISH RIVER BLVD., #100 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33431** 2.4 CITY-ST-ZIP CITY-ST-7/P □ DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE 4.1 TITLE Change **TITLE** 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

6.4 CiTY-ST-ZIP

THOMAS 2.

WIGHNICKT

561-392-4010

14. If 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

FILED
Jan 30 1997 8:00am
Secretary of State

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