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

DOCUMENT # P95000035348 (8)

FILED May 13 1997 8:00am Secretary of State

Principal Place of Business 9858 GLADES ROAD SUITE 502 BOCA RATON FL 33434-3917		Mailing Address 9058 GLADES ROAD SUITE 501 BOCA RATON FL 33434-35	DB3			
		US		3. Date Incorporated or Qualified 05/04/1995	3a. Date of Last R 05/17/1996	eport
2. Principal P	Place of Business	2a, Mailing Address 26		4. FEI Number 65-0576089	├	pplied For of Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
Zip 24	Country 25	Zιρ	Country 30	Trust Fund Contribution 8. This corporation has liability for Florida Statutes		
	9. Name and Address of Curren	Registered Agent	30]	10. Name and Address of New Re	<u> </u>	····
985 SUI	ys, Dennis 8 Glades Road Te 502 Ca Raton FL 33434-3917		82 Street Addr8384 City	ress (P.O. Box Number is Not Acceptab	IRE Zio (Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050/ registered agent, or both, in the State of familiar with, and accept the obligations of the state of the stat		es, the above-named corputhorized by the corporations adults.	oration submits this statement for the pion's board of directors. I hereby accep		s registered rogistered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIDECTOR	C IN 10
TITLE	VD	DELFTE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	GAYS, DENNIS 9858 GLADES ROAD, #502 BOCA RATON FL 33434-3917		1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		<u>-</u>	_
TITLE NAME	PD GAYS, JANICE	DELETE	2.1 TITLE 2.2 NAME		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	9858 GLADES ROAD, #502 BOCA RATON FL 33434-3917		2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	•		
TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE		☐ DELETE	3 4. CITY - ST - ZIP 4.1 TV LE		Change	Addition
STREET ADDRESS CITY-ST-ZIP			4. 2 NME 4.3 SHEET ADURESS			ļ
TITLE NAME STREET ADORESS		☐ DELFTE	4.4 Y-S1-ZIP 5.1 E 5.2 4E 5.3 FET ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5.4 -ST-ZIP 61 62 :		Change	Addition
CITY-ST-ZIP	by certify that the information supplied in indicated by this annual report or su		6.9 \$1-ZIP for the kemption stated		i	

I am an officer or director of the corporation or the receiver or trustee empowered tappears in Block 12 or Block 13 if changed, or on an attackment with an address.

cute this report as required by Chapter 607, Florida Statutes; and that my name