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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000011071 (3)

FILED Mar 03 1997 8:00am Secretary of State

Principal Place		Mailing Address 1303 N PERIMETER RD WEST PALM BEACH FL 3	13406-1438		
				3. Date Incorporated or Qualified 01/30/1996	3a. Date of Last Report
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #, etc.	*	HAPPIED FUR	Not Applicable
Suite, Apt	#, RPG.	27) Stille, Apt. #, 6tc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032, Yes No
24	9. Name and Address of Curi	29 29 rent Registered Agent	30	Florida Statutes 10. Name and Address of New Re	
SPI	ES, DARLENE		81 Name		
	3 N PERIMETER RD		82 Street Add	dress (P.O. Box Number is Not Acceptal	hlal
WE	ST PALM BEACH FL 33406			oress (F.O. Box Number is Not Acceptat	ole)
			83		
1			84 City		85 Zip Code
			l 1		FL S Zip code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	tes, the above-named cor	rporation submits this statement for the	purpose of changing its registered
11. Pursuant office or agent. I a SIGNATURE	to the provisions of Soctions 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ate of Fiorida. Such change was a ligations of, Section 607.0505, Flo	tes, the above-named cor authorized by the corpora orida Statutes. E. Rigistered Agent agnature requ	rporation submits this statement for the jation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
office or i agent. I a	registered agent, or both, in the Sta im familiar with, and accept the ob- Signature tiped in proded name of registered OFFICERS A	ate of Fiorida. Such change was a ligations of, Section 607.0505, Flo	authorized by the corpora orida Statutes.	ation's board of directors. I hereby acce	pt the appointment as registered
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14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

. 30.97 56/687-00 Date Dayline Phone