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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000 45687

FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 240 LOCK Road DESERTIELD BEACH, FC 33 W2 3. Date Incorporated or Qualified 38. Date of Last R	Report
240 LOCK Road	Report
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DECETION OF ACH FC 3	Report
3. Date incorporated or Qualified 3a. Date of Last F	
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	ot Applicable
Suite Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75.	Additional equired
0.000	May Be
	to Fees
Zip Country 8. This corporation has liability for intangible tax under s	s 199.032
24 25 29 30 Florida Statutes Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Full Mane Full Mane Ful	
Tyllis Naples	
15-98 SW 21 4 Street Address (P.O. Box Number is Not Acceptable)	
BOCA RATOR FL 33486 BOCA FATOR	
	Code S Y S 6
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 if 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	ts registered registered
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	,
SIGNATURE Search to type on protest name of negletiscolagent and liste it approaches. (NOTE: Registered Agent argusture required when reinstating) OATE	
12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	(
THE PRESIDENT DELETE 11 THLE Change	Addition [
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(37.5) 78	the

14. To hereby CCT y has the hormator supplied with this filling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certifying the exemption inclicated on this annual report or suppliemental 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 other 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 Brock 13 if changed, or on an appears.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED PAINE OF GRANING OFFICER OR DIRECTOR

4/23/97

(954) 426-1433

Dayrime Phone #