## 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 # P9600063924 (0)

FISHER & BENDECK, P.A.

Principal Place of Business

Mailing Address

AND LAWFUIEW AVENUE

## **FILED** Mar 31 1997 8:00am Secretary of State



| 222 LAKEVIEW<br>West Palm bi |   | WEST PALM BEACH FL 334  | 71-6145                  |   |  |                                |                             |                            |
|------------------------------|---|---|--------------------------|---|--|--------------------------------|-----------------------------|----------------------------|
|                              |   |   |                          |   | 3. Date Incorporated or Qualified 07/29/1996   | 3a. Dat                        | te of Last Re               | eport                      |
| 2. Principal Pla             | ace of Business   | 2a. Mailing Address   |                          |   | 4. FEI Number  |                                | Ap                          | plied For                  |
| 21 333                       | LYAKEVIELD DVE  | 26 233 LAKE   | V/EU                     | 170   | 5 65-0686138   | <u>.</u>                       | No                          | t Applicable               |
| Suite Apt t                  |   | Suite, Apt. #, etc.<br>27 SUITE 960                                   |                          |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |                             |                            |
| City & State                 |   | City & State  | Živ.                     | , <i>E</i> )  | Election Campaign Financing     Trust Fund Contribution  | П                              | \$5.00<br>Added to          | •                          |
| 23 Vv 11<br>Z⊕               | Gountry   | 28 V. [] 3(1) U   | Countr                   |   | 8. This corporation has liability for it   | ntannible                      |                             |                            |
| 3340                         |   | 29 33/0/ 3  | I Y                      | 5/7   |  | Yes [                          |                             | 100.002.                   |
| <u></u>                      | 9. Name and Address of Curren   |   |                          |   | 10. Name and Address of New Re   | gistered A                     | gent                        |                            |
| TAN                          | INENBAUM, MICHAEL D   |   | B1                       | Name  |  |                                |                             |                            |
| 2161 PALM BEACH LAKES BLVD   |   |   |                          | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                |                             |                            |
| STE. 304                     |   |   |                          |   |  |                                |                             |                            |
| WES                          | ST PALM BEACH FL 33409  |   | 83                       | 1   |  |                                |                             |                            |
|                              |   |   | 84                       | City  |  | FL                             | <b>85</b> Zip (             | Code                       |
| office or re                 | to the provisions of Sections 607,050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga | of Florida. Such change was aut<br>ntions of. Section 607,0505, Flori | inorized b<br>da Statute | y the corp<br>es.                                     | corporation submits this statement for the poration's board of directors. I hereby accep   | of the appo                    | changing its<br>pintment as | s registered<br>registered |
|                              | Signatini i typral or prinhid transi of eigidered age   | ,   |                          | jent signature r                                      | equired when reinstating)  ADDITIONS/CHANGES TO OFFIC  | DATE<br>CEDO AND               | DIRECTOR                    | S IN 12                    |
| 12.                          | OFFICERS AND  | DELETE  | <b>13.</b><br>1.1 Title  | Υ   | PLES IDECT   | ENS AND                        | Change                      | Addition                   |
| 100                          |   |   | 1.2 NAME                 | ł   | TREEDEY ENGLISA.   |                                |                             | <b>LE</b> (                |
| NAME<br>STREET ADDRESS:      |   |   |                          | T ADDRESS   | 352 LAKEVIEW AVE, 4  | 4662                           |                             |                            |
| CHY-S1-Z6                    |   |   | 1.4 CITY -               |   | WPB. FL 33401  |                                |                             |                            |
| TITUE                        |   | DELETE  | 2 1 TITLE                | 51 2,7  | V. PRESIDENT   |                                | Change                      | Addition                   |
| NAV:                         |   |   | 2.2 NAME                 |   | OPETIE BENDEUK   | _                              | •                           |                            |
| STREET ADDRESS               |   |   | 2.3 STREE                | T ADDRESS   | 200 LAKEVIEW AVE,  | 14-18-0                        |                             |                            |
| City SI-7P                   |   |   | 2. 4 CITY                |   | WPB FL 33401   |                                |                             |                            |
| 30116                        |   | ☐ DELETE  | 3 1 TITLE                |   |  |                                | Change                      | Addition                   |
| NAME                         |   |   | 3.2 NAME                 |   |  |                                |                             |                            |
| STAFF : ADDRESS              |   |   | 3.3 STREE                | I ADDRESS   |  |                                |                             |                            |
| CHY-S!-7IP                   |   |   | 3.4. CHTY                |   |  |                                | 7 7 8.                      | T LARE                     |
| TITLE                        |   | DELETE  | 4.1 TITLE                | 1   |  |                                | L Change                    | Addition                   |
| NAME                         |   |   | 4. 2 NAM                 |   |  |                                |                             |                            |
| STREET ADJRESS               |   |   |                          | ET ADDRESS  |  |                                |                             |                            |
| CDY-S1-20:                   |   | DELETE  | 4.4 CITY -<br>5.1 TITLE  | -51-£ P   |  |                                | ☐ Change                    | Add tion                   |
| Till!                        |   | L.J OLLUIC  | 5.2 NAMI                 |   |  |                                |                             |                            |
| NAME<br>exact asingles       |   |   |                          | ET ADDRESS  |  |                                |                             |                            |
| STREET ADDRESS               |   |   | 5.4 City                 | ł   |  |                                |                             |                            |
| DITY-ST Zet                  |   | DELETE  | 61 THLE                  |   |  |                                | Change                      | Addition                   |
| NAME                         |   | •   | 62 NAMI                  |   |  |                                |                             |                            |
| STREET ADDRESS               |   |   | 63 S1RE                  | ET ADDRESS  |  |                                |                             |                            |
| CHTV - S1 - ZIP              |   | _   | 6.4 CITY                 | -ST-ZIP   |  |                                |                             |                            |
| 14. I do here<br>informatio  | se metic ared on this general rongs or s  | supplemental annual report is tru<br>The receiver or frustee empowe   | ie and ac<br>red to exc  | curate and  | ated in Section 119.07(3)(i), Florida Statute<br>that my signature shall have the same leg-<br>eport as required by Chapter 607, Florida t | ai errect as                   | s if made un                | noor oatn: tha             |
| SIGNAT                       | 1 × 1/ Kg   | A PRINTED NAME OF SIGNING OFFICER O                                   |                          | !   | 3/35/97  | 1 5                            | 6/- 63                      | ე~/ ს <u>ც</u>             |