## 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

## FILED Mar 07 1997 8:00am Secretary of State

DOCUMENT # \$14240

(3)

Principal Place 1200 SE RANC JUPITER FL 33 US	H RD	Mailing Address PO BOX 249 JUPITER FL 33468-0249 US						
03		00			3. Date Incorporated or Qualified 11/26/1990	ſ	ate of Last	
2. Principal Pl	ace of Business	26. Mailing Address			4. FEI Number 65-0234319			Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	Additional
City & State	?	City & State			6. Election Campaign Financing			Required  May Be
3		28			Trust Fund Contribution		Adde	d to Fees
Zip 24	Country 25	Zip <b>29</b>	30 Cou	intry	This corporation has liability for Florida Statutes	r intangible □ Yes 【		r s. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered	Agent	
9300 S DADELAND BLVD SUITE 407 MIAMI FL 33151				82 Street Addr 83 84 City	ress (P.O. Box Number is Not Accepta		85 Z	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	lutes, the at	,	poration submits this statement for the	purpose o	of changing	its registered
SIGNATURE	Signature, typed or punted name of registered as OFFICERS AN	gercand (the if applicable (N ND DIRECTORS	OTE Registered	bove-named corp d by the corporat lutes. d Agent signature requir	poration submits this statement for the tion's board of directors. I hereby accended when reinstaining)  ADDITIONS/CHANGES TO OFFI	purpose o ept the app DATE	of changing pointment	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typical or printed name of regis creed as	gent and title if applicable (N	OTE Registered 13. 1.1 Til 1.2 N/ 1.3 ST	bove-named corr d by the corporat lutes.	red when reinstating)	purpose o ept the app DATE	of changing pointment	ORS IN 12
SIGNATURE  12.  THE NAME SIREFE ADDRESS CITY-SE ZIP THEE NAME STREEF ADDRESS	Signature, typical or printed name of registered at OFFICERS AND FONBARE, LOUIS H. III 21421 SW 94TH AVENUE	gercand (the if applicable (N ND DIRECTORS	OTE Registered 13. 1.1 TB 1.2 NJ 1.3 ST 1.4 CD 2.1 TB 2.2 NA 2.3 ST	bove-named corred by the corporatives.  d Agent signature requirements and the corporative requirem	red when reinstating)	purpose o ept the app DATE	of changing pointment	DRS IN 12 e Addition
SIGNATURE  12.  THE NAME SIBEET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE	Signature, typical or printed name of registered at OFFICERS AND FONBARE, LOUIS H. III 21421 SW 94TH AVENUE	gerca of the frapplicable (N ND DIRECTORS DELETE	OTE Registered  13. 1.1 TH 1.2 N/ 1.3 ST 1.4 CT 2.1 TH 2.2 N/ 2.3 ST 2.4 CC 3.1 TH 3.2 N/ 3.3 ST	bove-named corred by the corporatives.  d Agent signature required.  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME  IREET ADDRESS	red when reinstating)	purpose o ept the app DATE	of changing change Chang	DRS IN 12 e
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4. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes, if furner certify that the information information information in 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/24/97 16/743-3 to/