

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S44888** (3)
1. Corporation Name
100 INCORPORATED



Principal Place of Business: **10205 SOUTHERN BLVD ROYAL PALM BEACH FL 33411**
Mailing Address: **10205 SOUTHERN BLVD ROYAL PALM BEACH FL 33411**

2. Principal Place of Business: 21 Sub: Apt. #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 Sub: Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **04/10/1991**
3a. Date of Last Report: **01/20/1995**
4. FET Number: **65-0253252** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**NUGENT, MICHAEL A. ESQ
250 AUSTRALIAN AVE S
12TH FL
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	P <input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	CHILLEMI, NICHOLAS J.	13.2 NAME	
12.3 STREET ADDRESS	10205 SOUTHERN BLVD	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	ROYAL PALM BEACH FL	13.4 CITY, ST, ZIP	
12.5 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		2.2 NAME	
12.7 STREET ADDRESS		2.3 STREET ADDRESS	
12.8 CITY, ST, ZIP		2.4 CITY, ST, ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		3.2 NAME	
12.11 STREET ADDRESS		3.3 STREET ADDRESS	
12.12 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		4.2 NAME	
12.15 STREET ADDRESS		4.3 STREET ADDRESS	
12.16 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
12.21 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Nicholas J. Chillemi* **NICHOLAS J CHILLEMI** 11/5/96 407-795-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (12/95)