

**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**

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

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

**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	<b>P</b>	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	<b>CHILLEMI, NICHOLAS J.</b>	13.2 NAME	
12.3 STREET ADDRESS	<b>10205 SOUTHERN BLVD</b>	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	<b>ROYAL PALM BEACH FL</b>	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

CR2E034 (12/95)