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 # S60077

(2)

FILED
May 01 1997 8:00am
Secretary of State

Principal Place of Business 2379 TREASURE ISLE DRIVE WEST PALM BEACH FL 33410 US Mailing Address 2379 TREASURE ISLE DRIVE SUITE 26 WEST PALM BEACH FL 33410-1337						
		US		3. Date Incorporated or Qualified 06/13/1991	3a. Date of Last Report 05/01/1996	
	lace of Business	2a. Mailing Address			4. EEI Number 65-0268496	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	é	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Countr	у		or intangible tax under s. 199.032.
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I	Registered Agent
	DWARD, RONALD G.		81	Name		
2379 TREASURE ISLE DRIVE SUITE 26 WEST PALM BEACH FL 33410			82 Street Add		dress (P.O. Box Number is Not Accept	table)
			84	City		85 Zip Code
SIGNATURE	m familiar with, and accept the obling started and accept the obling started and accept the obling started and accept the obline started and accept the obline started accept	agent and tille if applicable. (NOT	E: Registered Ag		uired when reinsteling)	DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addit
NAME	GODWARD, RONALD G.	Land Office In	1.2 NAME			
STREET ADDRESS	2379 TREASURE ISLE DRIVE	€ #26	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 C/TY-	ST - ZIP		
TITLE		☐ DELETE	21 TITLE	ľ		☐ Change ☐ Addit
NAME STREET ADDRESS			2.2 NAME	T ADDRESS		
CITY-ST-ZIP	}		2.4 City			
TITLE		DELETE	3.1 11TLE	01 511		Change Addit
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS	,	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CHY- 4.1 TITLE			Change Addit
NAME			4. 2 NAME	J		La Change La Roon
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	·		4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addit
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY- 6.1 TITLE	S1-ZIP		Change Addil
NAME		C OFFICIA	6.2 NAME			L Shange L Addii
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			64 DHY-			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or an attachment with an address.