## 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 # P96000095186 (8)

HENRY Y. BLAKISTON, P.A.

Principal Page	e of Business	Mailing Address	talker that you are a second or the second o		
1001 NORTH U.S. HIGHWAY ONE. SUITE 600 JUPITER FL 33477  JUPITER FL 33477-4479				SUITE 600	
					3. Date incorporated or Qualified 3a. Date of Last Report 11/18/1996
2. Principal F 21	Place of Business	2a. Mailing Address 26			4. FEI Number Applied For Not Applicable
Suite, Apt. <b>22</b>	.#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stal	le	City & State			B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip	Country	7 <sub>1</sub> p	Cou	ntry	This corporation has liability for intangible tax under s 199.032,
24	25	29	30		Florida Statutes Yes X No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>	10. Name and Address of New Registered Agent
	akiston, Henry Y			B1 Name	
	)1 NORTH U.S. HIGHWAY ONE, PITER FL 33477	SUITE 600		82 Street	Address (P.O. Box Number is Not Acceptable)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J	83	
			ŀ	84 City	FL 85 Zip Code
office or	to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change w	as authorized	by the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
OICH STOTE	Sugrature Appeal or peats of seeing of segretated ag		(NOT): Progistered	Agent signature	e required when reinstating) DATE
12.	T	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE	D	DELETE	1.1 10		Change Addition
BLAKISTON, HENRY Y			1.2 NA		
STREET ADDRESS	19558 TRAILS END TERRACE			REET ADDRESS	
C:TY - S1 - 7IP	JUPITER FL 33458	DELETE		Y-ST-ZIP	Change Addition
1111.6	1	E") DEFERSE	2.1 10		
NAME PROFEE ADDOORSE			22 NA		
STREET ADDRESS	1			REET ADDRESS	. (5)
CITY-ST-7IP		DELETE	3.1 10	TY - \$T - ZIP	Change Addition
NAME	1		3.2 NA		
STREET ADDRESS			1	REET ADDRESS	
CiTY-S1-7iP				TY-ST-ZIP	
TITLE		☐ DELETE	41 TI		Change Addition
NAME			4 2 N	<b>ME</b>	
STREET ADDRESS				REET ADDRESS	
CITY - S1 - 7/P			4.4 00	IY-ST-ZIP	
THE		DELETE.	5.1 Til		Change Addition
NAME			5.2 NA	M€	
STREET ADDRESS			5.3 ST	reet address	
C(1Y+S1-7(P			5.4 CI	Y-\$1-7IP	
THTLE		☐ DELETE	61 TI	LE	Change Addition
NAME			6.2 N	ME	
STREET ADDRESS	1		6.3 51	REET ADDRESS	

6.4 CITY - ST - 7(P

SIGNATURE:

14. I do hereby certify that the information information indicated on this annual of Lam an officer or director of the color appears in Block 12 or Bld & 12 or Bl

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

70N 01/241

Implied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the sort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that also nor the reporter or accept empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

561-744-650

**FILED** 

Jan 31 1997 8:00am

Secretary of State