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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 ***
DOCUMENT # 7347

(0)

FILED Apr 03 1997 8:00am Secretary of State

Principal Plac 131 JUPITER L 12106A JUPITER FL 33		Mailing Address 431 JUPITER LAKES BLVD #2108A JUPITER FL 33458-7118)		
JS	V-1-0-0	US		3. Date Incorporated or Qua 12/31/1975	3a. Date of Last Report 03/19/1996
¬	Place of Business	2a. Mailing Address	adise Here	4. FEI Number 59-2447561	Applied For
1 / 0 4 Suite, Apt.	A PARADISE HEREON !	Suite, Apt. #, etc.	WALL SCIAN	08-2447001	Not Applicabl
Suite, April	/	27 APT 51 4		5. Certificate of Status Desire	ed \$8.75 Additional Fee Required
City & Stat	te o - M	City & State		6. Election Campaign Finance	sing \$5.00 May Be
NOR	TH PALM BEACH, FL	28 NORTH PALM	BNACH, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liabil	ity for intangible tax under s. 199.032,
332	9. Name and Address of Current Re	38477	30 PALM BAA	Florida Statutes 10. Name and Address of N	Yes No
·	9, Name and Address of Current N	editresan whenr	81 Name		
KNIGHT	T, WALTER C. J		1 11	PARTY LEGUIS	EUBLYN T.
	PITER LAKES BLVD		82 Street	Address (P.O. Box Number is Not Ac	
2106A			83	- transmittage -	PROPERTY.
	R FL 33458		54 0		In-1 7:- 0
			84 City	DORTH PLLM BULGH	FL 85 Zip Code
1. Pursuant	t to the provisions of Sections 617.0502 ar registered agent, or both, in the State of F am familiar with, and accept the obligation	nd 617.1508, Florida Statu	tes, the above-named	corporation submits this statement for	r the purpose of changing its registered
office or	registered agent, or both, in the State of F	lorida. Such change was	authorized by the cor	DODAVION'S DOBTO OF DIFECTORS I DEFENY	
agent is	an lamia will, and accept the obligation	ns of, Section 617.0503, Fl	orida Statutes.	C .	accept the appointment as registered
	**	ns of, Section 617.0503, Fl	orida Statutes.	m To Leant	3/47/17
IGNATURE	Signature, typob or printed name of registered agent an	d title if applicable. (NO	E: Registered Agent algositud	T decute	DATE
GNATURE 2.	Signature. Noof or printed name of registered against an OFFICERS AND D	d title if applicable. (NO	TE: Registered Agent algustud 13.	T decute	DATE OFFICERS AND DIRECTORS IN 12
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14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE IN DIRECTOR

8/27/97

(561) 744-867 Daytime Prione # 0043487