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 # 155115

(9)

3. Date Incorporated or Qui 06/07/1948 2. Principal Place of Business 2. Mailing Address 4. FEt Number	alified 3a. Date of Last Report
2 Principal Place of Rusiness 2e Mailton Address A EEt Number	03/04/1996
	Applied For
26 59-0583651 Suite. Apt. #. etc. Suite. Apt. #. etc.	Not Applicable
5. Certificate of Status Desi	red S8.75 Additional Fee Required
City & State City & State 6. Election Campaign Finar	ncing \$5.00 May Be
23 Trust Fund Contribution	Added to Fees
···	ility for intangible tax under s. 199.032,
24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10, Name and Address of Name and N	Yes No
LEAR, BLANCHE 81 Name	Ann Lie Alestoi en Wantt
9100 W. BAY HARBOR DRIVE 82 Street Address (P.O. Box Number is Not Ad	
BAY HARBOR ISLAND FL 33154	sceptable)
83	
84 City	85 Zip Code
11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement f	FL 00 2 P 0000
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereb agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	y accept the appointment as registered
SIGNATURE Signature: typical or printed maneral regulation diagraph and the if applicable (NOTE: Begistered Agent signature required when reinstating)	DATE
	O OFFICERS AND DIRECTORS IN 12
TITLE P LEAD DI ANCHE	L Change L Addition
NAME LEAR, BLANCHE 12 NAME 13 STREET ADDRESS 9100 W. BAY HARBOR DRIVE 13 STREET ADDRESS	
DAY HADDON ICHAND EI	
CITY-ST-ZIP DAT NANDUN ISCAND FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE	Change Addition
NAME 22 NAME	
STHEET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZP 2.4 CITY-ST-ZIP	•
TITLE DELETE 3.1 TITLE	Change Addition
NAME. 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
1.TLE DELETE 4.1 TITLE	Change Addition
NAME 4 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
C11Y+S1-ZIP 4.4 C1TY+S1-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	Change Addition
CITY - ST - ZIP	☐ Change ☐ Addition
CITY-ST-ZIP 54 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby cerbfy 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 charged, or on an attachment with an address.

lande Tear YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 21 1997 8:00am

Secretary of State