## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT 1997	Secre	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
DOCU 1. Corporation PROG,		4 (8)				)	181 81811 <b>818</b> 11	Oloh oroh oroh	
Principal Place of Business Mailing Address P.O. BOX 1207 WEST PALM BEACH FL 33402 P.O. BOX 1207 WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402					!				
					* •	3. Date Incorporated or Qualified 05/19/1960		ate of Last R	eport
2. Principal F	Place of Business	2a. Mailing Address 26			!	4. FEI Number 59-0907447	· · · · · · · · · · · · · · · · · · ·	Ap	oplied For of Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			<del></del>	5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	
<b>23</b> Zip	Country	Zip		untry		Trust Fund Contribution  8. This corporation has liability for			
24	25 9. Name and Address of Curr	29 ent Registered Agent	30	T-		Florida Statutes  10. Name and Address of New I			
MO	NTGOMERY, GEORGE			81	Name				
1211 ROEBUCK WEST PALM BEACH FL 33401					Street Address (P.O. Box Number is Not Acceptable)				
***				83					
				84	City		FL	85 Zip (	Code
agent. Fa	Signature, typed or printed name of registered a			ed Age		poration submits this statement for the trion's board of directors. I hereby accurate when reinstaling ADDITIONS/CHANGES TO OFF	DATE		
TITLE	P	DELETE		TITLE	T	ADDITIONS/CHANGES TO OFF	IOLING AIN	Change	Addition
NAME STREET ADDRESS	MONTGOMERY, GEORGE		1.21	NAME	ADDRESS				<del></del>
CITY-ST-ZIP	W. PALM BEACH FL 33401		1,43	CITY-S	T-ZIP				
TiTLE		DELETE		TITLE				Change	Addition
NAME STREET ADDRESS				NAME Street	ADDRESS				
CITY-S1-7iP				CITY-S	I				
TITLE		☐ DELETE	3.1	TITLE				Change	Addition
NAME OUNCE LABOREDO				NAME PERCET	Abperce				
STREET ADORESS C-TY-ST-ZIP			a d	CITY-S	ADDRESS ST-71P	-			
THLE		☐ DELETE		TITLE				Change	Addition
NAME				NAME					
STREET ADDRESS	į		1		ADDRESS				
CITY-ST-ZIP TITLE		DELETE		CITY-S TITLE	1-ZIP	<u> </u>		Change	Addition
NAME		<del></del>	1	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY - ST - ZIP				CITY-S	T-ZIP	·		I I AL	13300
TIFLE		DELETE		TITLE				Change	Addition
NAME STREET ADDRESS	1			NAME Street	ADDRESS				
OTHER MADE S	1			OITEET OITE C					

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Daytime Phone #

**FILED** 

May 22 1997 8:00am