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

POCUMENT # 307357

MILDRED HOIT, INCORPORATED

I PROCES SIEL BROKE LEEDS COME DOWN SOM BIRD COME DIEL BERLE BERLE BIRD HAD

FILED							
Apr 23 1997 8:00am							
Secretary of State							

Principal Place of Business 26 SUNRISE AVENUE PALM BEACH FL 33480 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State		Mailing Address 265 SUNRISE AVENUE PALM BEACH FL 33480-3812 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		3. Date Incorporated or Qualified 07/19/1966 4. FEI Number 59-1149398 5. Certificate of Status Desired 6. Election Campaign Financing	3a. Date of Last Report 04/23/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be	
Zip	Country	28	Coul	ntry	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
265	Ster, Mary Sunrise avenue M Beach FL 33480			81 Name 82 Street Add 83 City	dress (P.O. Box Number is Not Acceptab	le)
11. Pursuant to office or reagent. I a	to the provisions of Sections 607.050? egistered agent, or both, in the State in familiar with, and accept the obliga	and 607,1508, Florida State of Florida. Such change was tions of, Section 607,0505, F	ites, the ab authorized lorida Stat	pove-named cor by the corpora utes.	rporation submits this statement for the palion's board of directors. I hereby accept	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if acclarable (Aid	Mr. Banislavas	Anont Figure Inc.	vired when refristating)	DATE
12.	OFFICERS AND		13.	Apont signature rode	ADDITIONS/CHANGES TO OFFIC	
TITLE	DV	DELE1E	1.1])]	LF		Change Addition
NAME	KOONTZ, FLORENCE		1.2 NA	ME		
STREET ADDRESS	2232 LA PUERTA WAY		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	PALM BCH FL		1.4 CII	IY-ST-ZIP		
TITLE	DP	DELETE	2 1 111	ιε		Change Addition
NAME	FOSTER, MARY		2.2 N/	ME [
STREET ADDRESS	240 N. COUNTRY ROAD		2.3 ST	REFT ADDRESS		
CITY-ST-ZIP	PALM BCH FL			TY-ST-ZIP		
TITLE	SD CONTRACT CHEDY	DELETE	31 111			☐ Change ☐ Addition.
NAME	CONKLIN, CHERYL		3 2 NA			
STREET ADDRESS	6372 197 PLACE N JUPITER FL			REEL ADDRESS		
CITY-ST-ZIP TITLE	DT O	DELETE	3.4. Ci	TY-ST-ZIP		Change Addition
NAME		. –	4.1 M	· · · · · · · · · · · · · · · · · · ·	a land	LI CHANGE LI AUDITON
STREET ADDRESS	265 SUNRISE AVE	Gael		reet address	Correct Nami Gael Coak	5
CITY-ST-ZIP	PALM BCH FL			TY-ST-ZIP	Garl Cank	lect
TITLE	THAT DOLLE	DELETE	5.1 10		Suel Cour	Change Addition
NAME			5.2 NA			
STREET ADDRESS			- 1	REET ADDRESS		
CITY-ST-ZIP			1	FY-\$1-ZIP		
TITLE		DELETE	6.1 TM			Change Addition

6.4 CITY - \$1 - 21P 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 eath, that I am an officer or director of the corporation or the receiver or trusted 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.

SIGNATURE:

When I G. Conklin

4/11/97

561-833-6010

6.3 STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP