## 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 # 375277** 

(1)

FILED
May 06 1997 8:00am
Secretary of State

	INC.	Mailing Address 1870 FOREST HILL BLVD. & WEST PALM BEACH FL 334		····			
					3. Date incorporated or Qualified 01/07/1971	3a. Date of 08/05/1	
2. Principal P	race of Business	2a. Mailing Address			4. FEI Number 59-1441188		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & State	0	City & State			6. Election Campaign Financing	\$	5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Ζφ <b>24</b>	Country 25	Zip 29	Country		This corporation has liability fo     Florida Statutes	r intangible tax u ☐ Yes ☐ No	
24	9. Name and Address of Current		,o <sub>1</sub>	·· <del>·</del>	10. Name and Address of New P		
	MERMAN, N W		81	Narno	inis, Travis	R	
1870 FOREST HILL BLVD, SUITE 204				Street Add	lress (P.O. Box Number is Not Append	able),	/
ME:	ST PALM BCH. FL 33406		63	1876	ofonest Hill DI	val + 2	-04
				•			
			84	City	+ Alm Boad	FI 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the above	e-named cor	poration submits this statement for the stion's board of directors. I hereby acc	purpose of char	iging its registered
office or n agent. La	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was at tions of, Section 607.0505, Flor	ithorized by ida Statutes	the corpora	ation's board of directors, I hereby acc	apt the appointn	ent as registered
SIGNATURE	pravio 13.	Junio, t	125	die	W	7/28/	1
12.	Signature, typical or printed rianie of registered agor  OFFICERS AND		Registered Age	ent signature requ	about the property of the prop	ICERS AND DIRE	CTORS IN 12
THE	VTSD	DELETE	1.1 TITLE	<del></del>			hange Addition
NAME	TIMMERMAN, N W		1.2 NAME	1			
STREET ADDRESS	1870 FOREST HILL BLVD.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	WEST PALM BCH, FL 00000		1.4 CITY - S	ST - ZIP	<u> </u>		
tillt.	TUNIS, TRAVIS B.	☐ DELETE	2.1 TITLE				Change
NAME	1870 FOREST HILL BLVD.		2.2 NAME				
STREET ADDRESS	WEST PALM BCH. FL		2.3 STREET	1			}
CHY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY - 1 3.1 TITLE	SI-ZIP		Пс	Change Addition
NAME			3.2 NAME			~	
STREET ADDRESS			3.3 STALET	ADDRESS			ĺ
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP			
TITLE		DELETE	4.1 TITLE			□ c	Change Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP		772	4.4 CITY-ST-ZIP			<del></del>	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE	5.1 TITLE			Li	Change
NAME DANGE A ADMINISTRA			5.2 NAME	ADDOCCO			ł
STREET ADURESS			5.3 STREET 5.4 CITY-S	i i			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	oi-er			Change
NAME		land breater	62 NAME	1			
STREET ADDRESS			6.3 STREET	ADDRESS	•		ł
City-St-ZiP			6.4 CITY-S				
	by certify that the information supplied	with this filing does not qualify			od in Section 119.07(3)(i), Florida Statu	tes. I further certi	ify that the

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 or an attacking int with an address.

SIGNATURE

MANO DE LE MANO LE LA LES DE SIGNATURE AND TYPED OR PRINTEGNAME OF BIONING OFFICER OR DIRECTOR

1/28/97 SU 968-7166