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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 410779

(3)

FILED Feb 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address	

NAME STREET ADDRESS CHY-SI-ZIP MIAMI FL	P.O. BOX 5278 MIAMI FL 3315		P.O. BOX 527842 MIAMI FL 33152-7842								
Suite, Apr 8, obc										Report	
Suite. Apt. 4, cic. Suite. Apt. 4, cic. Suite. Apt. 4, cic. Suite. Apt. 4, cic. S. Certificate of Status Desired S. 5,00 May Pe Additional Page 230 Page 240 Page		lace of Business	H-7 ~	H-7				7			
City & State		#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional			
Zep Country Zep Country Zep Country S. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Ves New	City & State							g \$5.00 May Be			
29		Country					The state of the s				
Name							Florida Statutes Yes No				
## City FL 85 Zip Code	LAPPE		rent Registered Agent		11 N	2000	10, Name and Address of New Re	gistered A	lgent		
MIAMI FL 33166 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes. SIGNATURE Signature Expects printed states of registerous agent and seed a largestate in the purpose of changing its registered agent, or both, in the State of Florida Statutes. SIGNATURE Signature Expects printed states of registerous agent and seed a largestate in the purpose of changing its registered agent, or both, in the State of Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12 INTEL PD				L				·			
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TITLE PRESENT TO THE provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registers agent in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in an accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE WEBER, KATHLEEN M. BOON TO STREET ADDITIONS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WEBER, KATHLEEN M. BOON TO STREET IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WEBER, KATHLEEN M. BOON TO STREET IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WEBER, KATHLEEN M. BOON TO STREET IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WEBER, KATHLEEN M. BOON TO STREET IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WEBER, KATHLEEN M. BOON TO STREET IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WEBER, KATHLEEN M. BOON TO STREET IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WISSOKER, ROBERT L. BOON TO STREET ADDRESS IN 12. ADDITIONS IN 12. WISSOKER, ROBERT L. BOON TO STREET ADDRESS IN 12. ADDRESS	****			8	33						
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Envirola. Such change was submorted by the corporation's poard of directors. I hereby accept the appointment as registered agent, or both, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE Submit in light or predict predict name of registration agent and their if applicable. (NOTE: Registrated Agent stignature reculted when reinstating) DATE				Ē	34 C	ity	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code	
### Additional Part Addition	44 5	the second Carling CO7.	01.00 and 007.1500 Clorida Plat	utas the ab		mad age	possion submits this statement for the s		abanaina	ita sanialarad	
SIGNATURE Signature Expective printed name of registrate above the page above and perit signature received when reinstating) DATE	office or r	to the provisions of Sections 607.t egistered agent, or both, in the St	0502 and 607.1508, Florida Stati late of Florida. Such change was	utes, the abo	by the	amed corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the app	changing bintment as	registered s registered	
NAME	-	m familiar with, and accept the ob	oligations of, Section 607.0505, F	-lorida Statu	.201						
TITLE	SIGNATURE	Signal ire: typed or printed name of registered	agent and the if applicable (NC)1E: Registered /	Agent si	gnaturė requi	ired when reinstaling)	DATE			
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STREET PROPRIESS	STREET ADDRESS			63 STR	REET ADI	ORESS					
CITY-ST-ZIP 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							4.0	- 16 -4			

information indicated on this angual 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of appears in Block 12 or Block

SIGNATURE:

Daytime Phone #

0207634