FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00				FILED	
PROFIT CORPORATION ANNUAL REPORT		Sandra I	RTMENT OF STATE B. Mortham ary of State	Jan 14 1997 8:00am	
1997			CORPORATIONS	Secretary of State	
1. Corporation	MENT # 41575 ENTERPRISES, INC.	9 (0) Mailing Address			
1300 N. FEDERAL HWY., SUITE 107 BOCA RATON FL 33432 1300 N. FEDERAL HWY., SUITE 107 BOCA RATON FL 33432-2848					
		·····		3. Date Incorporated or Qualified 12/29/1972	3a. Date of Last Report 01/23/1996
2. Principal F 21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-1489502	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat 23	le	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		Yes No
	 Name and Address of Curr PA, JOSEPH F. 	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
130	XO N. FEDERAL HWY., SUITE 1 CA RATON FL 33432	07	82 Street Add 83	ress (P.O. Box Number is Not Acceptat	le)
			84 City		FL 85 Zip Code
11. Pursuant office or agent. I a SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.0505, F	tes, the above-named cor authorized by the corpora lorida Statutes. TE Registered Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE		DEL ETE	1.1 TITLE		CERS AND DIRECTORS IN 12
NAME STREET ADDRESS	PAPA, JOSEPH F. 1300 N. FEDERAL HWY.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST- ZIP		Change Addition
TITLE NAME	ST PAPA, LOIS T.	DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	1300 N. FEDERAL HWY.		2.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	BOCA RATON FL	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	······································	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY-ST-ZIP	M& 11	
TITLE		DELETE	4 1 TITLE	······································	Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STOCKT ADDRESS			5.2 NAME		
STREET ADDRESS CITY-S1+ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS 6 4 CITY - ST- ZIP	·	
informatio	on indicated on this annual report r	or supplemental annual report is or the receiver or trustee empoy	true and accurate and tha wered to execute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	l effect as if made under nath that
SIGNAT	1 . 00	Roats Hou		11,197	
SIGINAI		OR PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR	·/·/·	Davtine Phone #