## 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 # 479553

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BOTKIN & ASSOCIATES, INC.

FILED Jan 23 1997 8:00am Secretary of State

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1.15.17 561 965 1957

Principal Place of Business Mailing Address					e ammeer mantet emmit mittet mietet deine je	or Albit Giğit ())	*** 8181) 618)(	91411 F8E1	
5208 10TH AVE LAKE WORTH I		5208 10TH AVENUE NOR LAKE WORTH FL 33463-2			·				
					<ol> <li>Date Incorporated or Qualified 06/25/1975</li> </ol>	1	e of Last R 6/1996	eport	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For		]
21		26			59-1690162	Not Applicable			1
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·			
Zip	Country	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,				1	
24			30		Florida Statutes Yes No				
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New R	egistered A	gent		]
	kin, robert d			81 Name	TKIN ROBERT D	>			
	STATE ROAD 7			82 Street	Address (P.O. Box Number is Not Accepta	ble)			1
LAKI	E WORTH FL 33467			13	723 STAIMFORD	DB	<b>.</b>		1
				83		•			
				84 City			<b>85</b> Zip (	Code	1
		=		WE	LINGTON,	<u> </u>	33	414	
office or re	egistered agent, or both lin the	State of Florida, Such change was	authorize	ed by the corr	corporation submits this statement for the poration's board of directors. I hereby accoration	purpose of a	changing it intment as	s registered registered	
agent. La	m familiar with, and accept the	obligations of, Section 607.0505, F	lorida Sta	itutes.	•	,			
SIGNATURE	gui inin i i i i i i i i i i i i i i								
12.	Segrange 1/g/10 or print at name of register  OPENCE 9	S AND DIRECTORS	13.	a Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFF	CERS AND	DIDECTOR	9C IN 12	12
TILE	PD	O PELETE	1.1 7	ITLE	PD		Change	Addition	96/6)
NAME	BOTKIN, ROBERT D	•		IAME	BOTKIN, ROBERT D				
STREET ADDRESS	4200 STATE ROAD 7			TREET ADDRESS	12772 STOLMERA	3723 STAIMFOAD DR.			8
CITY-ST-ZIP	LAKE WORTH FL			ITY-ST-ZIP	WELLWHTON, FL	2211	1		CR2E034
TITLE		DELETE			WELLAND ION, TE	5347	Change	Addition	ᄬ
NAME				IAME			_ •		
STREET ADDRESS			2.3 \$	TREET ADDRESS					
CITY-S1-ZIP			2.40	CITY-ST-ZIP					
THLE	**************************************	☐ DELETE	3.1 T	ITLE			Change	Addition	1
NAMÉ			3.2 N	IAME					
STREET ADDRESS	1		3.3 S	TREET ADDRESS					
CITY-ST-ZIP			3.4. (	CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 T	ITLE		T	Change	Addition	
NAME			4. 2 (	NAME					
STREE1 ADDRESS			4.3 S	TREET ADDRESS					
CITY - S1 - ZIP				ITY-ST-ZIP					1
TITLE		☐ DELETE	5 1 T			Į.	Change	Addition	
NAME				IAME					
STREET ADDRESS			5.3 \$	TREET ADDRESS					
CITY - ST - ZIP		Tours		ITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		A diates	1
TITLE		☐ DELETE	6.1 T			i	Change	Addition	
NAME				IAME					
STREET ADDRESS				TREET ADDRESS					
14. Ldo bereb	ov certify that the information so	innled with this filera does not over		ITY-ST-ZIP	tated in Section 119.07(3)(i), Florida Statut	ac I further	certify that	the	-
informatio Lam an of	in indicated on this annual repo flicer or director of the corporat	rt or supplemental annual report is	true and wered to	accurate and	report as required by Chapter 607, Florida report as required by Chapter 607, Florida	al effect as	if made un	der oath; that	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: