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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 27 1997 8:00am Secretary of State

Principal Place of Business 2008 OKEECHOBEE BLVD. WEST PALM BCH FL 33409-4111 DOCUMENT # 50743 (5) Mailing Address 2008 OKEECHOBEE BLVD. WEST PALM BCH FL 33409-4113					3. Date Incorporated or Qualified 3a. Date of Last Report					
2. Principal F	Place of Busin	ness	2a. M	lailing Address			07/20/1976 4. FEI Number	02/0)2/199	Applied For
ī]			26	2			59-1683703		\vdash	Not Applicat
Suite, Apt	#, elc.		27	uite. Apt. *, etc.			5. Certificate of Status Desired			5 Additional e Required
City & Sta	1e		0	ity & State			6. Election Campaign Financing		\$ 5.	00 May Be
Zipi		Country	28 Z:	and the same of th	Countr		Trust Fund Contribution	<u> </u>		ded to Fees
1		25	29		30		8. This corporation has liability fo Florida Statutes	r intengible i Yes		ler s. 199.032,
2 / 10-		and Address of Cur	rent Register	ed Agent	8	1 Name	10. Name and Address of New R	egistered A	gent	
MERCURIO, PETER							16a			
	2008 OKEECHOBEE BLVD. West Palm Beach Fl 33409					2 Street Address (P.O. Box Number is Not Acc		eptable)		
					83	3	<u></u>			· <u>.</u>
					<u> </u>				To-	Zip Code
Pursuant office or	to the provisi	ions of Sections 607.0 ient or both, in the Sta	502 and 607, ate of Florida	1508, Florida Str Such change w	atutes, the aboves authorized by		poration submits this statement for the aton's board of directors. I hereby according	purpose of ept the appo		ng its registere t as registered
		ions of Sections 607.0 ent or both, in the Stath and accept the ob-			latules, the aboves authorized by Florida Statute	ve-named cor by the corpora es.	poration submits this statement for the ation's board of directors. I hereby according when reinstating)			ng its registered t as registered
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I to never y control and the information supplied with this initing does not quality for the exemption stated in Section 1.19.07(3)(i), Fronda Statutes. 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 comporation of 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 12 if chapter 60, or on an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 686 5677