FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 562640

121

Jan 16 1997 8:00am Secretary of State

FILED

Principal Place of Business B208 205TH PLACE BOCA RATON FL 33434 Mailing Address 8208 205TH PLACE BOCA RATON FL 33434 BOCA RATON FL 33434								
						3. Date Incorporated or Qualified 03/22/1978	3a. Date of Last 02/19/1996	
	Place of Business	h	2a. Mailing Address			4. FEI Number		Applied For
Suite, Ap	t # etc		Suite, Apt. #, etc.			59-1812608		Not Applicable
22	C. # ₁ EIO.	-	27			5. Certificate of Status Desired		5 Additional Required
City & Sta	ate		City & State			Election Campaign Financing \$5.00 May Be		
23		28	the same and the s			Trust Fund Contribution Added to Fees		
Zip 24	Country	Zιρ	30	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24 (4 25 29 29 89. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
Di	MARCO, LOUIS			81	Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7373 HEATHLEY DR LAKE WORTH FL 33467				62	Street Addr	Address (P.O. Box Number is Not Acceptable)		
				83				
				84	City		FL 85 Zi	ip Code
office or agent. I SIGNATURE	Signature Typed a profite dame of registered		(NOTE Reg			coration submits this statement for the cion's board of directors. I hereby accessed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
TITLE	PD		DELETE	1.1 TITLE	Ī		☐ Change	e Addition
NAME	DI MARCO, LOUIS			1.2 NAME				
STREET ADDRESS	7373 HEATHLEY DR			1.3 STREET				
CITY-ST-ZIP TITLE	DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			Chang	e Addition
NAME	End Section			22 NAME				
STREET ADDRESS	8			23 STREET	ADDRESS	•		
CITY-ST-ZIP				2 4 CiTY - S	ST-ZIP			
TITLE	☐ DELETE			3 1 TITLE			∟ Chang	e L Addition
NAME				32 NAME				
STREET ADDRESS	S			33 STREET				
CITY-S1-ZIP TITLE				3.4. CITY - S 4.1 TITLE	11 - ZIP		Chang	e
NAME		_		4. 2 NAME			,	
STREET ADDRESS	5			4.3 STREET	ADDRESS			
CITY-ST-7IP				4.4 CITY-S	T-ZIP			
TITLE	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DELETE	5.1 TITLE			Chang	e Addition
NAME				5.2 NAME				
STREET ADDRESS	s			5.3 STREET				
CITY-ST-ZIP				5.4 CITY - S	T-ZIP		T 6	M Applica-
TITLE		į_l		6.1 TITLE			Chang	e Modition
NAME OVERED ADDRESS	.		ľ	6.2 NAME	1000000			
STREET ADDRESS				6.3 STREET	1			
CITY - SI - ZIP				6.4 CITY - S	(-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 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 in changed, of an inn attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR