4. 28.97 B- NC-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 #	580457	(0
NALLE CORPORATION	ON	

Principal I	Place of Business
P.O. BOX	3451
LANTANA	FL 33465-3451

2. Principal Place of Business

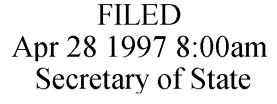
SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF

Mailing Address

2a. Mailing Address

P.O. BOX 3451 LANTANA FL 33485-3451





3a. Date of Last Report

Applied For

04/30/1996

3. Date Incorporated or Qualified

07/27/1978

FEI Number

21		26			59-1854100	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22\		27				Fee Required	
City & State	u	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	[28] Zip	Cour	Mr.		Added to Fees	
	25	29	30	ılı y	8. This corporation has liability for intangil Florida Statutes		
24	9. Name and Address of Curr		130]	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registers		
1.45/				81 Name			
LAMMI, EDWIN W 508 LUCERNE AVENUE LAKE WORTH FL 33460			ļ				
			1	Street Address (P.O. Box Number is Not Acceptable)			
LAN	E WURIN PL 33400		ŀ	83			
			L				
				B4 City	F	85 Zip Code	
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florida State	utes the ar	ove-named co	prporation submits this statement for the purpose		
office or re	egistered agent, or both, in the Sta	to of Florida. Such change was	authorized	by the corpor	ation's board of directors. I hereby accept the a	ppointment as registered	
agent La	m familiar with and accept the obt	igations of, Section 607.0505, F	-lorida Stati	ites.	4/10	07	
SIGNATURE	Signature, typed or printed name of registered a	and and the it applicable (NC	OTF: Registered	Agent signe) are rec	(ulred when reinstating) DATE	' 7 / 	
12.		ND DIRECTORS	13.	- grade e te	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
THLE	PD	DELETE	1.1 TIT	.E		Change Addition	
NAME	LIND, ILKA		1.2 NA	ME .			
STREET ADDRESS	3601 S OCEAN BLVD. #102	<u> </u>	1.3 ST	REET ADDRESS			
CITY - \$1 - ZIP	S. PALM BEACH FL	•		Y-ST-ZIP			
TITLE	VS	☐ DELETE	2.1 717			Change Addition	
NAME	LIND, KAISA		2.2 NA	ME			
STREET ADDRESS	3601 S OCEAN BLVD. #102		2.3 ST	REET ADDRESS			
CITY-S1-7IP	S. PALM BEACH FL		2. 4 Ct	ry-st-zip		Ì	
TITLE		DELETE	3.1 111	LE		☐ Change ☐ Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY - ST - 2IF			3.4. CI	ry-ST-ZIP			
TITLE		DELETE	4.1 TH	LE		Change Addition	
NAME			4. 2 N	IME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-S1-ZIP			4.4 CI	Y-ST-ZIP			
TITLE		DELETE	5.1 TIT	LE		Change Addition	
NAME	n.		5.2 NA	ME			
STREET ADDRESS			5.3 ST	HEET ADDRESS			
City-St-7IP			5.4 CI	Y-ST-ZIP			
TITLE		DELETE	6.1 111	LE		Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS	•		
CITY-ST-ZIP			6.4 CI	Y-ST-ZIP			
14. I do heret	by certify that the information supp	lied with this filing does not que	alify for the	exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I fur	her certify that the	
l am an o'	flicer or director of the corporation	or the receiver or trustee empt	owered to e	xecute this rep	nat my signature shall have the same legal effectors as required by Chapter 607, Florida Statutes	; and that my name	
appears i	n Brock 12 or Block 13 if changed,	or on an attachment with an a	ddfess:		1 / J		