## 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 # 583875

(0)

HOLDIN  Principal Place  551 S.E. 8TH SUITE 503  DELRAY BEAC	G & MANAGEMENT, INC. e of Business st.	Mailing Address P.O. BOX 790 DELRAY BCH. FL 334474	0790			
US					3. Date Incorporated or Qualified 08/31/1978	3a. Date of Last Report 01/23/1996
2. Principal Place of Business 2a. Ma		2a. Mailing Address			4. FEI Number	Applied For
21 26			_ L		59-1857357	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Count/y	Ζιρ	Count	ry	8. This corporation has liability for	r intangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Curren	it Hegistered Agent	8	1 Name	10. Name and Address of New R	egistered Agent
PERRY, MARK A ESQ. 50 SE 4TH AVENUE			L			
DEL		8:	2 Street Add	dress (P.O. Box Number is Not Accepta	ible)	
			8	3		
			8	4 City		85 Zip Code
		0. 1007 4500 51 11 0	1		rporation submits this statement for the	FL 3 2p code
SIGNATURE	on familiar with, and accept the oblig	ent and blike Lappoisable (NO	TE Registored A		uired when reinstating)	DATE COOR AND DIDECTORS IN 10
12.	OFFICERS AND DIRECTORS    PTD   DÉLETE		13.		ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	THERIEN, JOHN		1.2 NAM			CT ordings CT Addition
STREET ADDRESS	FEA OF ATH AT ATE FOR			ET ADDRESS		
CITY-ST-7#	DELRAY BEACH FL 33483		1.4 City			
TITLE			2.1 TITLE			Change Addition
NAME			2.2 NAM	£ ]		
STREET ADDRESS	551 S.E. 8TH ST., STE. 503			ET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.4 (1)			
TITLE		DELETÉ	3.1 T(TLE	- 1		Change  Addition
NAME			3.2 NAM	1		
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIF TITLE			3.4. CITY 4.1 TITLE			Change Addition
NAME		4.21				<u>.                                    </u>
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY - ST - ZIP			5.4 CITY	-ST - ZIP		
TITLE		☐ DELETE	6.1,T/TLE			☐ Change ☐ Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		

CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE:

John Therien

97 407-278-0356

**FILED** 

Jan 14 1997 8:00am

Secretary of State

Daytime Phone if