## 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 # 593452

(6)

Principal Place of 900 EAST OCEAN STUART FL 34994		Mailing Addres 900 EAST OCEA STUART FL 3499	N BLVD	***************************************				
						3. Date Incorporated or Qualified 11/13/1978	3a. Date of Last Repo 01/26/1996	rt
2. Principal Place	e of Business	2a. Mailing Add	ress		<del></del>	4. FEI Number	Applie	ed For
21		26				59-1859526	Not Aj	pplicable
Suite, Apt #, 6	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addi		
City & State		City & State				6. Election Campaign Financing	\$5.00 Ma	
23		28				Trust Fund Contribution	Added to F	
Zip	Country	Zip	<del></del>	Country		8. This corporation has liability for		9.032,
24	25 9. Name and Address of Curr	29  ent Registered Agent	30	L		Florida Statutes  10. Name and Address of New Re	Yes No	
	STEIN, GREG			81	Name	15. 114110 4110 7100 711011 710	grenorou Agont	
900 E (	DCEAN BLVD T FL 34994			82 83	Street Addre	ess (P.O. Box Number is Not Acceptat	ıle)	~~~
				84	City		<b>85</b> Zip Cod	le
11. Pursuant to t office or regi agent. I am f	he provisions of Sections 607.0 stered agent, or both, in the Sta amiliar with, and accept the obl	502 and 607.1508, Flor ite of Florida. Such cha gations of, Section 607	da Statutes, nge was auth .0505, Florida	the above orized by a Statutes	e-named corp the corporati	oration submits this statement for the pon's board of directors. I hereby accept	purpose of changing its report the appointment as reg	gistered istered
SIGNATURE								
54gr	iature, typicd or printed name of registerect.  OFFICERS A	agent and the flappicable  ND DIRECTORS	(NOTE: Re	gistered Age	nt signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN	J 12
TITLE P		· · · · · · · · · · · · · · · · · · ·	ELETE	1.1 TITLE		HOBITION OF THE		Addition
	RAUNSTEIN, GREG			1.2 NAME				
	00 E OCEAN BLVD			1.3 STREET	ADDRESS			
CITY-ST-ZIP S	TUART FL			1.4 CITY - S	T-ZIP			_
TITLE			ELETE	2.1 TITLE			L Change L.	_ Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET				
CITY - ST - ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	П	ELETE	2. 4 CITY-S 3.1 TITLE	21.71		Change	Addition
NAME		-		3.2 NAME			Ondrigo	_ / Addition
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-SI-ZIP				3.4. CITY~5				
TITLE		D	ELETE	4.1 TITLE			☐ Change ☐	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY - ST - ZIP	e menonos para la esperante de la calca de la calc			4.4 CITY - \$	T-ZIP	50-50-50-50-50-50-50-50-50-50-50-50-50-5		
TITLE			ELETE	5.1 TITLE			Change [	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP			C   C T C	5.4 CITY-S	T-ZIP			1.1
TITLE		נו ניין	ELETE	6.1 TITLE			Change [	Addition
NAME STREET ADDRESS				6.2 NAME 6.3 STREET	1000000			
				LANKIHEET	ALTIBESS 1			

6.4 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

CITY-SI-ZIP

561-286-3000

**FILED** 

Jan 17 1997 8:00am

Secretary of State