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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**DOCUMENT # 600325** 

(5)

incipal Place of Business H1 N. FLAGLER DRIVE, SUITE #5300 EST PALM BEACH FL 33401	1411	ing Address I N. FLAGLER DRIVE ST PALM BEACH FL		00					
						Incorporated or Qualified 9/1967		ate of Last I	
Principal Place of Business	ł <b>,</b>	Mailing Address	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI N			<b> </b>	pplied For
Suite, Apr. # otc.	26	Suite, Apt. #, etc.			28	-1200384			lot Applicable Additional
	27	sano, ripti in otor			5. Certif	icate of Status Desired			Required
City & State		City & State			II	on Campaign Financing			) May Be
Zip Country	28	Zip	Coun	tru		Fund Contribution			to Fees
21p	29	c.ips	30	uy		corporation has liability for a Statutes	r intangible Yes		s. 199.032,
9. Name and Address of		ered Agent				and Address of New R			
HENRY, JAMES D			6	1 Name					
1411 N. FLAGLER DR. SUITE 5300 WEST PALM BCH FL 33401			Ē	12 Street A	Addréss (P.O. Bo	x Number is Not Accepta	able)	<del></del>	<del></del>
				13					<del></del>
WEST FALM BOTT PL 35401									
			- [€	City			FL	85 Zip	Code
office or registered agent, or both, in t	he State of Florida	7,1508, Florida Statu 1. Such change was	ites, the abo authorized	ove named o by the corp	corporation subr oration's board	nits this statement for the of directors. I hereby acco	purpose of ept the <b>a</b> p	ot changing pointment a	s registered
Pursuant to the provisions of Socilons office or registered agent, or both, in tagent. Lam familiar with, and accept the IGNATURE Signature, typics or pointed name of region.	proceed agent and title if	applicable (NC	ITE. Registered		required when reinstati	ng)	DATE		
GNATURE Signature, Typics or printed name of reg S. OF FIC		applicable (NC		Agent signature r	required when reinstati		DATE		
GNATURE Signature, Typical or provided name of reg  OFFIC  IF  PTD  HENRY, JAMES D	proceed agent and title if	applicable (NC	TE. Registered	Agent signature r	required when reinstati	ng)	DATE	D DIRECTO	RS IN 12
GNATURE Suprature, Typics or pointed name of reg  OFFIC  IF PTD HENRY, JAMES D 1411 N. FLAGLER DR.	prosect against and time V ERS AND DIRECT	applicable (NC	13. 1.1 TITL	Agent signature r	required when reinstati	ng)	DATE	D DIRECTO	RS IN 12
SNATURE Segnature: Typics or printed name of reg  OFFIC  IF  PTD  HENRY, JAMES D  1411 N. FLAGLER DR.  WEST PALM BCH, FL (	prosect against and time V ERS AND DIRECT	applicable (NC IORS DELETE	176. Registered / 13. 1.1 TifL 1.2 NAM 1.3 STR 1.4 Cift	Agent signature / E IE EET ADDRESS (~ST-ZIP	required when reinstal ADDIT TD	ng)	DATE	D DIRECTO	RS IN 12
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SINATURE Signature, Typics or printed name of reg OFFIC  PTD HENRY, JAMES D 1411 N. FLAGLER DR. WEST PALM BCH, FL ( TSD ME BROWN, RUSKIN W.	prosect against and time V ERS AND DIRECT	applicable (NC IORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM	Agent signature of E  IE  EET ADDRESS (-ST-ZIP  E	required when reinstal ADDIT TD	ng)	DATE	D DIRECTO	RS IN 12
SNATURE Segnature, Typics of printed name of reg OFFIC  PTD HENRY, JAMES D 1411 N. FLAGLER DR. WEST PALM BCH, FL BROWN, RUSKIN W. 1411 N. FLAGLER DR. WEST ADDRESS Y-SI-ZIP WPALM BCH. FL	prosect against and time V ERS AND DIRECT	applicable (NC IORS DELETE	118. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.2 NAM 2.3 STR 2.3 STR	Agent signature r  E  IE  EEF ADDRESS  (-ST-ZIP  E	required when reinstal ADDIT TD	ng)	DATE	D DIRECTO	RS IN 12
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SIGNATURE  Signature, Typics or pointed name of reg  OFFIC  PTD HENRY, JAMES D 1411 N. FLAGLER DR. WEST PALM BCH, FL ( TSD BROWN, RUSKIN W. 1411 N. FLAGLER DR. W.PALM BCH. FL  W.PALM BCH. FL  OD  ME GOLDBERG, MURRAY	provide agent and the FERS AND DIRECT	applicable (NC TORS DELETE	11. 117L 1.2 MAN 1.3 STR 1.4 C/T1 2.2 NAN 2.3 STR 2.4 C/T1 3.1 T/TL 3.2 NAN	Agent signature of E  E  E  E  E  E  E  F  A  F  A  E  E  A  E  F  A  A  E  E  A  A  A  A  A  A  A  A  A	required when reinstal ADDIT TD	ng)	DATE	D DIRECTO  Change  Change	RS IN 12 Additi
GNATURE Suprature, Typics or pointed name of reg  OFFIC  IF  WE RELLADDRESS IV-SI-ZIP  ME BROWN, RUSKIN W. 1411 N. FLAGLER DR. WEST PALM BCH, FL ( TSD BROWN, RUSKIN W. 1411 N. FLAGLER DR. W.PALM BCH. FL  VD  GOLDBERG, MURRAY 1411 N. FLAGLER DR. W.PALM BCH. FL  VD  GOLDBERG, MURRAY 1411 N. FLAGLER DR. WEST PALM BCH. FL  VD  GOLDBERG, MURRAY 1411 N. FLAGLER DR.	proceed agent and the FERS AND DIRECT	applicable (NC TORS DELETE	11. 11. 11. 11. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Agent signature of E  E  E  E  E  E  E  E  F  AE  E  E  AE  E  E  F  AT  AE  E  E  AT  AE  E  E  AT  AE  E  E  AT  AE  E  E  AT  AE  AE	required when reinstal ADDIT TD	ng)	DATE	D DIRECTO  Change  Change	RS IN 12 Additi
GNATURE Suprative, Typics or printed name of reg  OFFIC  IF  WE  RELL ADDRESS  IY-SI-ZIP  ME  REEL ADDRESS  IY-SI-ZIP  ME  GOLDBERG, MURRAY  1411 N. FLAGLER DR. W.PALM BCH. FL  VD  GOLDBERG, MURRAY  1411 N. FLAGLER DR. W.PALM BCH. FL  WEST PALM BEACH FI  VD  GOLDBERG, MURRAY  1411 N. FLAGLER DR. WEST PALM BEACH FI	proceed agent and the FERS AND DIRECT	applicable (NC TORS DELETE	11. 11. 11. 11. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Agent signature of E  E  E  E  E  E  E  E  F  AE  E  E  AE  E  E  AT  AT  AT  AT  AT	ADDIT TD  PD	ng)	DATE	D DIRECTO  Change  Change	BS IN 12 Addition Addition Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-833-5594

**FILED** 

Mar 27 1997 8:00am

Secretary of State

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