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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

561-367-9977

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604224

(6)

MARVIN STEIN AND COMPANY, CERTIFIED PUBLIC ACCOUNTANTS, PROFESSIONAL ASSOCIATION

Principal Plac	e of Business	Mailing Address						
23317 TORRE	CIRCLE	23317 TORRE CIR						
BOCA RATON FL 33433		BOCA RATON FL 33433-7027						
US		US			3. Date Incorporated or Qualified 3a. Date of Last R 03/21/1973 02/20/1996	eport		
——————————————————————————————————————	lace of Business	2a. Mailing Address				plied For		
21		26				ot Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Re			
City & State		City & State			6. Election Campaign Financing \$5.00	•		
23	T. Court	28 Z _I p	Count	<u> </u>	Trust Fund Contribution Added			
Zip 24	Country 25	———— `	30	ıy	This corporation has liability for intangible tax under s Florida Statutes	. 199.032,		
24	g, Name and Address of Currer		301		10. Name and Address of New Registered Agent			
STE	IN, MARVIN		В	1 Name				
	17 TORRE CIR.		82 Street Ad		et Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33434			*	Z Sheer	et Address (F.O. Dox Number is indit Addeptation)			
			8	3				
			8	4 City	FL 85 Zip	Code		
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	s the abo	ve-namec	ed corporation submits this statement for the purpose of changing if	s registered		
 office or r 	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was at	uthorized i	by the cor	orporation's board of directors. I hereby accept the appointment as	registered		
SIGNATURE	Signature, typed or printed name of registered ag-	or and total flenolicable /NOTE	Registered A	gen) signatur	ture required when reinslating) DATE			
12.		D DIRECTORS	13.	gove signator	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition		
NAME	STEIN, MARVIN		1.2 NAM	E				
STREET ADDRESS	23317 TORRE CIRCLE		1.3 STAE	ET ADDRESS	s			
C(TY - S) - ZIP	BOCA RATON FL 33433		1.4 CITY	- S7 - ZIP				
TITLE		L_] DELETE	2.1 TITLE		Change	Addition		
NAME			2.2 NAM	E		-		
STREET ADDRESS			2.3 STRE	et address	S			
CITY-ST-ZIP		DELETE	2. 4 CiTY			Add8te-		
TITLE		L I DELETE	3.1 TITLE		L.] Change	Addition		
NAME			3.2 NAM	et adoress	6			
STREET ADORESS			3.4. CITY		s			
CITY - ST - ZIP		DELETE	4.1 TITLE		Change	Addition		
NAME			4. 2 NAM					
STREET ADDRESS			1	ET ADDRESS	s			
CITY-ST-ZP			4.4 CITY					
TITLE		DELETE	5 1 TITLE		Change	Addition		
NAME			52 NAM	E				
STREET ADDRESS			53 STRE	ET ADDRESS	s			
CHY-ST-ZiP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 THTLE		Change	Addition		
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	et address	s			
1	į				I			

14. If 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 empowers 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 add contains the contains