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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

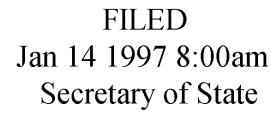
DOCUMENT # 629440

(9)

GRAU & COMPANY, P.A.

Principal Place of Business

Mailing Address





2101 CORPORA BOCA RATON	ITE BOULEVARD. N.W #218 FL 33431	2101 CORPORATE BOULEVARD. N.W., #218 BOCA RATON FL 33431-7343			#218				
						3. Date Incorporated or Qualified 07/16/1979	3a. Date of Le		
2. Principal Pla	2a. Mailing Addres	Address			4. FEI Number	L	Applied For		
21		26	26			59-1917065 Not Applicable			
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip 24	Country 25	7ıp 29	30	Country	·		Yes No	der s. 199.032,	
	g, Name and Address of Curr	ent Registered Agent				10, Name and Address of New Re	pistered Agent		
	u, antonio s.			B1	Name				
20790 SONETO DRIVE BOCA RATON FL 33433				82	2 Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City		FL 85	Zip Code	
office or re	o the provisions of Sections 607.0 ogistered agent, or both, in the Sta n familiar with, and accept the ob-	ile of Florida. Such chang	e was authori	ized by	the corpor	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of chang	ing its registered at as registered	
SIGNATURE .	Signature, typied or printed natue of regis credi	agent and tile if applicable	(NOTE: Regis	lered Age	nt signature req	uired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	PD	☐ DEŁ	ETE 1.	1 TITLE			☐ Chá	nge 🔲 Addition	
NAME	grau, antonio s.		1.	2 NAME					
STREET ADDRESS	20790 SONETO DR.		1.	3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1	4 CITY-S	T-ZIP				
TITLE	D	DEL	ETE 2	i TITLE			☐ Cha	inge Addition	
NAME	JANUS, HENRY L		2	2 NAME	ŀ				
STREET ADDRESS	20960 BLANCA TERR		2	3 STREET	ADDRESS	·			
CITY-ST-ZIP	BOCA RATON, FL 00000		2.	4 CITY -	ST - ZIP				
TITLE		☐ DEL	ETE 3.	1 TITLE			Cha	inge 🔲 Addition	
NAME			3.	2 NAME					
STREET ADDRESS			3.	3 STREET	ADDRESS				
CITY-ST-ZIP			3	4. CITY-	ST - ZIP				
THILE		DEL	ETE 4.	1 TITLE			☐ Cha	nge 🔲 Addition	
NAME			4.	2 NAME	}				
STREET ADDRESS			4.	.3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-5	ST-2(P				
TITLE		DEL	ETE 5	1 TITLE			Cha	nge 🔲 Addition	
NAME			5.	2 NAME					
STREET ADDRESS			5.	3 STREET	ADORESS				
CITY - ST - ZIP			5	4 CITY - S	T-ZIP				
TITLE		☐ DEL	ETE 6	1 TITLE			☐ Ch	ange Addition	
NAME			6	2 NAME	- 1				
STREET ADDRESS			6	3 STREET	ADDRESS				
CITY - ST - ZIP			6	4 CITY - S	ST - ZIP				
	by certify that the information supp	lied with this filing does no				ed in Section 119.07(3)(i), Florida Statute	s. 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 legar effect as it made under or lam 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.