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 # F01241

(1)

DAVID M. FLETT AND ASSOCIATES, INC.

FILED Apr 10 1997 8:00am Secretary of State

Substitution Subs	Principal Flace	or Business	машпд Афф	Malling Address								
Principal Flance of Resiness 2a. Melling Address 5c. 4. Fit Number 5c. 5	425 BUTTONWOOD PALCE BOCA RATON FL 33431-5254											
25 Suries, April 6, cic Suries, April 6												
Suito, April R. Cel: 27	2. Principal Pla	ce of Business	2a. Mailing A	Address							Applied For	
Corp's State	21		26									
State	— ₁ ' '			 			6. Certificate of Status Desired					
Zip Country Zip Double Strict Control Strict Composition has liability for intangible tax under s. 199 032, 190 Name and Address of Current Registered Agent Strict Country Str	City & State		₁	ate				, , ,	П			
10. Name and Address of Current Registered Agent		Country		and a second control of the control				The state of the s				
FLETT, DAVID M. 425 BUTTONWOOD PLACE BOCA RATON FL 33431 82 Street Address (P.O. Box Number is Not Acceptable) 83	24				30							
## 428 BUTTONWOOD PLACE BOCA RATON FL 33431 ## City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florata Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Socion 607 0505, Florata Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Socion 607 0505, Florata Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Socion 607 0505, Florata Statutes. 12			it Registered Age	ent				10. Name and Address of New Re	gistered /	\gent		
Part Change Change Change Change Change Change Addition Change C					8	1	Name					
### City FL 85 Zip Code 11. Pursuant to the provisions of Sactions 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the pursuance of changing its registered agent and manufactive depent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent and manufactive with, and accept the colligations of, Section 607/0505, Florida Statutes. SIGNATURE 12					8	2	Street Ad	dress (P.O. Box Number is Not Acceptat	ole)			
P. Pursuant to the provisions of Sections 607 650? and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids Statutes. SIGNATURE					8	3						
1. Prisuant to the provisions of Sections 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or repostered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					8	4	City			85 Z	ip Code	
SIGNATURE Control Co	44 D	607.00	0 007 1600 1	The ide Chattab				and the state of t			a ita saciatarad	
SIGNATUFE Signature speed or price rame of registered agent and life of appricables (NOTE Registered Aport algretown engined when renshifting) DATE	office or re-	gistered agent, or both, in the State	of Florida, Such of	change was a	uthorized I	by	the corpor	ration's board of directors. I hereby acce	ot the app	changin pintment	as registered	
NUMBER POT	•	n tamiliar with, and accept the oblig	ations of, Section	607.0505, FIQ	inda Statut	es.						
TILE PDT	SIGNATURE 5	lignature, typed or pricted name of registered age	ant and title if applicable.	(NOTE	Registered A	vgen	ı signature rec	quired when reinstating)	DATE			
NAME STREET ADDRESS CHY-ST-2P CHANGE C					13.	<u> </u>		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	ORS IN 12	
STREET ADDRESS 425 BUTTONWOOD PLACE 13 STREET ADDRESS 14 CITY-ST-ZIP				DELETE	11 TITLE	=				Chang	ge Addition	
City - St - ZiP BOCA RATON FL					1.2 NAM	E						
DS	Dirite i raibineto				1.3 STRE	ET #	ADDRESS					
NAME SEYMOUR-FLETT, KAREN 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP							- 2iP					
STREET ADDRESS SUTTONWOOD PLACE 23 STREET ADDRESS 24 CITY-ST-ZIP			L	_ DELETE	21 TITLE	Ξ				L Chang	ge L Addition	
BOCA RATON FL												
D							ľ					
SEYMOUR, MARK W., JR. 32 NAME 33 STREET ADDRESS 50 PT 50 PT	0.11 0, 1,			DELETE			T-ZIP			Chang	Addition	
STREET ADDRESS SUTTONWOOD PL	1 161.		L] DELCTE							ge LII Addition	
STREEL ADDRESS STRE							ppprec					
DELETE	OFFICE TEACHER						l l					
STREEL ADDRESS	· · · · · · · · · · · · · · · · · · ·			DELETE			1-24			Chang	ge Addition	
STREEL ADDRESS	NAME				4. 2 NAM	Æ						
DELETE	STREET ADDRESS				4.3 STRE	ET A	ADDRESS					
DELETE	CITY-ST-ZIP				4.4 CITY	- ST	- ZIP					
STREET ADDRESS			L	DELETE						Chang	ge Addition	
	NAME				5.2 NAM	E						
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS				5.3 \$TRE	ET#	ADDRESS					
NAME STHEEL ADDRESS 6.2 NAME 6.3 STREET ADDRESS	CITY - ST - ZIP			-	5.4 CITY	- 51	- ZIP	***************************************				
STREET ADDRESS 6.3 STREET ADDRESS	TITLE			_) DELETE	6.1 TITLE	E				L Chang	ge 🔝 Addition	
	NAME			•	6.2 NAM	E						
017 C1 7/0	STREET ADDRESS							•				
14 Lide because each that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes Lighther certify that the	CHTY - S1 - ZIP	and to that the interestion as a -1 -	al with this files = =	nas nat mustif		-		tod in Contian 140 07/2VO Florida Ciata	o liferetha-	codif. I	hat the	

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 port 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 of the species or typical empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pranged, or on an attachment with an address.

SIGNATURE:

ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561.395-0049