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 # F40834

(6)

Principal Place of Business Mailing Address 1400 NW 9TH AVE #6 BOCA RATON FL 33486 Mailing Address 1400 NW 9TH AVE #6 BOCA RATON FL 33486-1324										
						3. Date Incorporated or Qualified 08/18/1981	3a. Date o		eport	
2. Principal P	lace of Business	 	2a. Mailing Address			4, FEI Number		Ap	plied For	
Suite, Apt	# otc	Suite Apt # etc.	Suite, Apt. #, etc.						ot Applicable	
22		27]	 			5. Certificate of Status Desired	□ ³	\$8.75 Additional Fee Required		
City & State	e	City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	May Be	
Zip	Country	Zip	Count	ry		8. This corporation has liability for in				
24	25	[29]	30				Yes 🔲 N			
	9, Name and Address of C	urrent Registered Agent		4 6 1		10. Name and Address of New Re	istered Age	<u>nt</u>		
	EY, JOHN F		81 Name							
	0 NW 9TH AVE., #6 'ON RATON FL 33486		82 Street Ad			ss (P.O. Box Number is Not Acceptab	e)			
-			В	3		PPPPMH I A COLOR C				
			8	4 City			FL ⁸	5 Zip (Code	
SIGNATURE			atutes, the aboras authorized (i, Florida Statut	ve-name by the co es.	d corpo rporatio	ration submits this statement for the p in's board of directors. I hereby accep		Inging It nent as	s registered registered	
	Sign time type of or printed name of register		(NOTE: Registered A	gent signatu	e redquec		DATE		·····	
12.	OFFICER:	S AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC				
TIRE	DALEY, JOHN F	רו הברבוב	1.1 TITLE				Ц	Change	Addition	
NAME STREET ADDRESS	1400 NW 9TH AVE #6		1.2 NAMI							
CITY-S1-ZIP	BOCA RATON FL		1.3 SINE 1.4 CITY	ET ADDRESS						
TITLE		DELETE	2.1 TITLE		 		П	Change	Addition	
NAME		_	2.2 NAM							
STREET ADDRESS			2.3 STRE	ET ADDRESS		e e				
CHY+S1+ZIP			2. 4 CITY	- \$T - ZIP						
TITif	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TATLE		1			Change	Addition	
NAME			3.2 NAM	:						
STREET ADDRESS			3.3 STRE	et address						
CITY - ST - ZIP	·		3.4. CITY	-ST-ZIP	ļ					
TiftE		☐ DELETE	4.1 THTLE				L	Change	L. Addition	
NAME			4. 2 NAM							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP TITLE		DELETE	4.4 City 5.1 Title		+		- П	Change	Addition	
NAME		<u></u>	5.2 NAM					Change	L Addition	
STREET ADDRESS				Et address						
CHTV - ST - Zhr			5.4 CITY							
THE		DELETE	6.1 TITLE		1			Change	Addition	
NAME			6.2 NAM					•		
STREET ADDRESS				ET ADDRESS		1				
CITY-ST-ZIP	•		6.4 CITY	ST-ZIP						
14. Ldo hereh	by certify that the information sur	pplied with this filing does not q	uality for the ex	emption	stated i	n Section 119.07(3)(i), Florida Statutes ny signature shall have the same lega	. I further cer	tify that	the	
l am an o	fficer or director of the corporati	on or the receiver or trustee em	powered to exe	cute this	report	ny signature shall have the same legal as required by Chapter 607, Florida Si	ਦਸਦਨ। ਕੁਝ ਜ ਸੇ atutes; and t	nade und nat my r	uer oath; that iame	

SIGNATUR.

appears in Block 12 oct

FILED

May 14 1997 8:00am

Secretary of State