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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F41660

(4)

Principal Place of Business Mailing Address  1803 AUSTRALIAN AVE., S. 1803 AUSTRAILIAN AVE., S. WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-6465 US				3. Date Incorporated or Qualified   3a. Date of Last Report	
					08/24/1981 04/09/1996
2. Principal Place of Business		26. Mailing Address 26			4. FEI Number
Surte, Apt. #, etc. 22		Suite, Apt. #, etc.	·······		6. Certificate of Status Desired Fee Required
City & State		City & State	<del></del>		6. Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	28 Zip	Country		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032.
24	25	29	30		Florida Statutes Yes No
	9, Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent
	NE, MARVIN E JR				
	MONCLAIR CT WORTH FL 33487		82	Street Addre	ess (P.O. Box Number is Not Acceptable)
			83		
			84	City	85 Zip Code
44 15	A Contract COT OF	22 and COT 1500. Florida Statut	on the about	named asso	oration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registered
SIGNATURE.  12. THE NAME	Signature: typed or partied name of registered ag OFFICERS AN P JENNE, MARVIN E. JR.		13. 1.1 TITLE 1.2 NAME	ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Change Addi
STREET ADDRESS  CHY-ST-ZIP	7607 MONCLAIR CT. LAKE WORTH FL 33467		1.3 STREET 1.4 CITY-S	ľ	
TITLE	D	DELETE	2.1 TITLE		Change Addii
NAME	JENNE, MARVIN E. JR.		2.2 NAME		
STREET ADDRESS	7607 MONCLAIR CT. LAKE WORTH FL 33467		2.3 STREET		
CRY-S1-ZiP 1	DANE WORST I'E SONO!	DELETE	2.4 CITY-5 3.1 TITLE	S1- ZIP	Change Addi
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADORESS	
City - S1 - ZIP		DELETE	3.4 CITY	ST-ZIP	☐ Change ☐ Addi
TITLE NAME		T percie	4.1 TITLE 4. 2 NAME		C Ottange C Audi
STREEL ADORLSS			4.3 STREET	ADDRESS	
City - St - ZiP			4.4 CITY - S	ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addi
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CHTY-ST-ZIF		TT BELLET	5.4 CITY - S	T-ZIP	[] Observe [] Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addi
NAME .			6.2 NAME	ADDRECC	
STREET ADDRESS			6.3 STREET 6.4 CITY - S	***	
011Y-S1-ZIF 14. I do hereb	by certify that the information supplie	ed with this filing does not qualit	fy for the exe	motion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the
information Lam an of	indicated on this annual report or	supplemental annual report is to the receiver or trustee empow	rue and acci vered to exec dress.	urate and that cute this repor	my signature shall have the same legal effect as if made under oath; t as required by Chapter 607, Florida Statutes; and that my name