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**

	TREE LANE	Mailing Address 22648 LEMON TREE LANE BOCA RATON FL 33428-5			
				Date Incorporated or Qualified 06/15/1982	3a. Date of Last Report 01/25/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-2201054	Not Applicable
Suite Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28	·	Trust Fund Contribution	Added to Fees
Zip 4	Country 25	Z(p	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
71	9. Name and Address of Currer		1901	10. Name and Address of New Ro	
WEISHAUS, LLOYD. 22648 LEMON TREE LANE BOCA RATON FL 33428			81 Name 82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
			84 City		85 Zip Code
					FL
11. Pursuant to office or reagent. Lar SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the oblig	12 and 607 1508, Florida Statul of Florida, Such change was ations of, Section 607.0505, Fl	tes, the above-named col authorized by the corpora lorida Statutes	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
			TE: Registered Agent signature requ		DATE /
12. TITLE	PST OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	WEISHAUS, LLOYD	—	1.2 NAME		- v
STREE1 ADDRESS	22648 LEMON TREE LN.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	BOCA RATON FL	- Desert	1.4 CITY-SY-ZIP		Character Laterier
TITLE	d Weishaus, Lloyd	☐ DELETE	21 TITLE 22 NAME		Change Addition
NAME Street Address	22648 LEMON TREE LN.		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	BOCA RATON FL		2 4 City-St-ZIP	•	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		FT present	4. 2 NAME		Li Viningo Li Puddibuli
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREFT ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		□ neresk	6.1 TITLE 6.2 NAME		C change C Moulton
NAME Street address			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP		
14. I do hereb informatio I am an of	n indicated on this annual report or :	supplemental annual report is rithe receiver or trustee empor	ify for the exemption state true and accurate and the wered to execute this rep	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if made under oath; that

SIGNATURE:

Oavlime Phone #

FILED

Jan 22 1997 8:00am

Secretary of State