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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997					Secretary of State DIVISION OF CORPORATIONS					Secretary of State					
	UMENT ration Name H. GREENE,		F93642 ., p.a.	2	(9)						så sinn dille Bellel ist		(BIA BABII BABI	c Brail 1951	
Principal Place of Business				Mailing Address					1 18 844 BB 1410 1810	IN COLLANDESCO DENIEN DIS	// WIBII BIBII BI	.041 01011	 		
4947 WEST ATLANTIC AVE DELRAY BCH. FL 33445					4947 WEST ATLANTIC AVE DELRAY BCH. FL 33445-3842										
									3.	Date Incorpora 08/06/1982	ted or Qualified	· ·	te of Last F	Report	
└	al Place of Busi	ness		2a. Mailing Address				4.	FEI Number			A	pplied For		
21 Suito	Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-223102	<u> </u>			ot Applicable	
22					27				5.	Certificate of S	tatus Desired			Additional equired	
City & State 23					City & State				6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip		Country			<u> </u>			,	8.	This corporatio			tax under s		
24		25	ddress of Curren	29	nd Acont	30	т			Florida Statutes Name and Add			_ No		
			tudiess of Curren	ii negisteri	eo Agent		81	Name	10.	Halile Bild Ad	U1088 OI 14047 (1	egisteleu /	Mont		
GREENE, LEE H 4947 WEST ATLANTIC AVENUE							82	Stroot Add	Idroce (E	P.O. Box Numbe	r ie Not Accents	able)			
DELRAY BEACH FL 33445								Shearya	1) 663101	.O. DOX NUMBE	is No recepte				
							83								
							B4	City			,,, <u></u> ,,,	FL	85 Zip	Code	
11. Purse office agen SIGNATU	or registered t. I am familie w	yent, o ith, an	Sections 607,050 both, in the State diaccept the obligations of regularization	of Florida. abgus of, S	Such change was ection 607 0505	authorize Inviou Star	d by tutes	e-named co y the corpore s. w.K.	ration's t	board of director	tatement for the	purpose of ept the appo	changing i	its registered s registered	
12.			OFFICERS AN	D DIRECTO		13.		——————————————————————————————————————		ADDITIONS/CH/	ANGES TO OFF	CERS AND			
TITLE	PTS				DELETE	1.1 T							Change	Addition	
NAME	GREENE 4047 W		n NTIC AVE			1.2 N		ADDRESS							
STREET ADDR								T-ZIP							
TITLE	D				DELETE	211							Change	Addition	
NAME	GREENE					22 N	AME								
STREET ADDR			NTIC AVE			235	TREET	ADDRESS							
CHTY-ST-ZIE	DELRAY	BCH.	<u>rl</u>		DELETE	2.40 31 Ti		ST-ZIP					☐ Change	Addition	
TITLE					- ottere	3.2 N							- Onlaring	C. Auditori	
STREET ADDI	RESS					1		ADDRESS							
CHTY-ST ZIF	1							ST-ZIP							
TITLE					DELETE	4.1 1	TLE						Change	Addition	
NAME						4.21									
STREET ADDI								ADDRESS						Ì	
CITY-ST-ZIF					DELETE	4.4 C 5.1 T	******	ST-ZIP					Change	Addition	
NAME						5.2 N									
STREET ADD	ress							ADDRESS							
CITY-ST-7						5.4 C	ITY-S	ST-ZIP							
TITLE					DELETE	61 T							Change	Addition	
NAME						6.2 N									
STREET ADD								ADDRESS							
CITY - ST - ZIF			·			■ 6.4 C	HY-S	T-ZIP		110.05(0)	e. 11. 6. 1			1.16	

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 report 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 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.

-060

FILED

Jan 24 1997 8:00am