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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400000565 (1)

Principal Place of Business Mailing Address 7280 W. PALMETTO PARK ROAD SUITE 301 BOCA RATON FL 33433 BOCA RATON FL 33433-3423					
				3. Date Incorporated or Qualified 02/07/1994	3a. Date of Last Report 10/23/1996
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		06-1293794	Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	a. This corporation has liability for	
<u> </u>	25		30		Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	NNEMAISON, FRANCISCO J		81 Name	ICHO T. BONNEY	1-150N
	O E. SILVER PALM RD.		82 Street Add	ress (P.O. Box Number is Not Acceptal	ole)
BO	CA RATON FL 33432			E. SILVER PALAT RA	<u>) </u>
			83 BUCA	RATON	
			84 City		85 Zip Code
				poration submits this statement for the	FL 85 Zip Code 33 43 2
2.	FRANCICO S. BON Signar de Typed de panted name d'agriculada agent OFFICERS AND	and the if applicable / (NOTE DIRECTORS	Registered Agent signature requ	ired where cristating) ADDITIONS/CHANGES TO OFFI	
TLE	POT	☐ DELETE	1 1 TITLE		Change Addition
AME	BONNEMAISON, FRANCISCO 2400 E. SILVER PALM RD.		1 2 NAME		
FREET ADDRESS	BOCA RATON FL 33432		1.3 STREET ADDRESS		
TY-ST-ZIP TLE	SD SD	DELETE	1.4 CITY · ST - ZIP 2.1 TITLE		Change Additio
	DE BONNEMAISON, ANIS C	□ bttt:€	2.2 NAME		CT Change CT Addition
ME DESTANDATES	2400 E. SILVER PALM RD.				
HEET ADDRESS	BOCA RATON FL 33432		2.3 STREET ADDRESS 2.4 City-St-Zip		
TY - ST - ZIP TLE	DOM INTO I L COTOL	DELETE	31 TITLE		Change Additio
ME			3.2 NAME		
REET ADDRESS			3.3 STREET ADDRESS		
TY-ST-ZIP			3.4. CITY-ST-ZIP		
re Te		DELETE	41 TITLE	- 1985 -	Change Addition
AME			4. 2 NAME		
THEET ADDRESS			4.3 STREET ADDRESS		
ITY-SI-7IP			4.4 CITY-ST-ZIP		
TLE		DELETE	5 1 TITLE		Change Addition
AME			52 NAME		
TREET ADDRESS			5 3 STREET ADDRESS		
1TY-ST-ZIP	<u> </u>		5.4 CITY - ST - ZIP		
TLE.		DELETE	6.1 TITLE		Change Addition
AME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CHY-ST-ZIP

14. 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED
Jan 14 1997 8:00am
Secretary of State