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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000005240 (5)

Principal Place of Business Mailing Address  1756 COSTA DEL SOL BOCA RATON FL 33432  BOCA RATON FL 33432												
								3, Date Incorporated or 10/26/1995	Qualified	1	te of Last F 05/1996	teport
2. 21	Principal Pi	lace of Busin	ness	2a. Mailing Address	2a. Mailing Address			4, FEI Number 13-2641005			<u> </u>	oplied For ot Applicable
22	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status I	esired		,	Additional equired
23	City & State			City & State			Election Campaign F.     Trust Fund Contributi	-			May Be to Fees	
24	Žip	Country Zip		Cour	itry		This corporation has     Florida Statutes	liability for i	ntangible			
	<b></b>	g. Name	and Address of Curr		1001	_		10. Name and Address of New Registered Agent				
GOTTLIEB, FREDRIC I						B1	Name			¥		
551 N.W. 77TH STREET, STE 211						B2	Street Addr	ess (P.O. Box Number is No	t Acceptab	le)		
BOCA RATON FL 33487						83						
					ļ	B4	City	·		Fi	<b>85</b> Zip	Code
	agent. I a: 3NATURE	m familiar w	ith, and accept the oblion or printed name of registered a		Orida Statu It: Registered	itos	S	ed when reinstating)		DATE		
12			OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGE	TO OFFIC	ERS AND		
NAI STE		PCD ROTHAUSER, HOWARD DORESS 1756 COSTA DEL SOL		☐ DELETE	1.2 NAM	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS					Change	☐ Addition
CITY-ST-ZIP BO		<b>BOCA R</b>	ATON FL		1,4 0(1)	1.4 CiTY-ST-ZIP						
TiT	.£	V DELETE		2.1 TITL	.E					Change	Addition	
NA	AE	ROTHAUSER, HARRIET			22 NAM	ΜŁ						
	EET ADDRESS	BOOL BURGH PI				STREET ADDRESS						
_	(-ST-ZIP	BOCA RATON FL				4 CITY-ST-ZIP					Change	Addition
ŢITI NAI					3.1 TITL 3.2 NAM						T change	
	EET ADDRESS						AODRESS					
-	Y-ST-ZIP				3.5 CH		1					
1(1)		<del></del>		4.1 1011						☐ Change	Addition	
- NA	AE				4. 2 NA	ME						
STE	EET ADDRESS				4.3 \$TR	EE1	ADDRESS					
	Y-ST-ZIP	ST-ZIP			4.4 CHY-ST-ZIP						<del></del>	
TIT	_			☐ DELETE	5 1 1 ITA		Ì				] Change	Addition
NA					5.2 NAN							
516	EET ADDRESS				5.3 STR	ŧξŢ	ADDRESS					

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 i-orporation 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 attractional trustee 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 i-orporation 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 attraction and the receiver of the information in the receiver of the

6.4 CITY - ST - ZIP

5.4 CITY-S1-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

☐ Change

Addition

**FILED** 

May 02 1997 8:00am

Secretary of State