COF ANNI	ILE NOW: FILING F PROFIT RPORATION JAL REPORT 1997		FLORIDA DEPAR <b>Sandra B</b> Secretar	TMENT OF STATE . Mortham y of State CORPORATIONS	Feb 28 1	ILED 997 8:( ary of S	
THE PA	MENT # F9600 CS PROVIDERS FORUM	1, INC.	008 (9)				
00 BROKEN SOUND PARKWAY GOCA RATON FL 33487			BROKEN SOUND PAR A RATON FL 33487-3:		3. Date Incorporated or Qualified	3a. Date of Last R	oport
					02/26/1996		
2. Princ-pal F	Place of Business	2a. № 26	failing Address		4. FEI Number 65-0637148		plied For Applicable
Suite, Apt.	. #, etc.	S	iuite, Apt. #, etc.		5. Certificate of Status Desired	See Re	Additional
2 City & Stat	le		City & State		6. Election Campaign Financing	\$5.00	May Be
20 Zip	Country	<b>28</b>	lip	Country	Trust Fund Contribution 8. This corporation has liability for i	Added t	
4	25	29		30	Florida Statutes	Yes 🛄 No	
1.0	9. Name and Address of Cu CORPORATION SYSTEM	urrent Registe	red Agent	61 Name	10. Name and Address of New Re	gistered Agent	
				83 84 City		FI 85 Zip 0	Code
				84 City es, the above-named c authorized by the corpo orida Statutes.	corporation submits this statement for the p oration's board of directors. I hereby accep	<b>FL</b> purpose of changing it of the appointment as	
SIGNATURE	Speaking typest or provid name of register		sppleable (NOT	84 City		<b>FL</b> purpose of changing it of the appointment as	s registered registered
SIGNATURE 12. 1014	Styration Typest or protect curve of bog ster OFFICE RS	od agent and blic if a	sppleable (NOT	B4 City es, the above-named c authorized by the corpo orida Statutes. E. Registered Agent signature of     13.     1.1 TITLE	equired when reinsteting)	<b>FL</b> purpose of changing it of the appointment as	s registered registered
SIGNATURE <b>12.</b> Inte Name	OFFICE RS OFFICE RS WHITE, ROBERT G 445 SOUTH ST.	od agent and blic if a	oppleable (NOT	B4 City es, the above-named c authorized by the corpo orida Statutes. E: Registered Agent signature in 13.	equired when reinsteting)	DATE	s registered registered RS IN 12
SIGNATURE 12. 10LE NAME STREET ADDRESS CITY - ST-ZIP	OFFICERS OFFICERS WHITE, ROBERT G 445 SOUTH ST. MORRISTOWN NJ 07960	od agent and blic if a	applicable (NOT ORS	B4 City     B4 City     es, the above-named c     authorized by the corporation of t	equirep when reinstating) ADDITIONS/CHANGES TO OFFIC	PL	s registered registered RS IN 12
SIGNATURE 12. INTE MARE STREET ADDRESS DITY - ST - ZIP INTE	P WHITE, ROBERT G 445 SOUTH ST. MORRISTOWN NJ 07960 V ISHII, MITSURU	ud agent and blin if a S AND DIRECT	oppleable (NOT	B4 City es, the above-named c authorized by the corporate rida Statutes. E: Registered Agent signature n     13.     1.1 TITLE     1.2 NAME     1.3 STREET ADORESS     1.4 CITY-ST-2IP     2.1 TITLE     2.2 NAME	equired when reinstelling) ADDITIONS/CHANGES TO OFFIC	DATE	s registered registered RS IN 12
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SIGNATURE 12. 10LE NAME SIREELADDRESS CITY-ST-ZIP SIREELADDRESS CITY-ST-ZIP	OFFICE AS OFFICE AS WHITE, ROBERT G 445 SOUTH ST. MORRISTOWN NJ 07960 V ISHII, MITSURU 8 CORPORATE CENTER D MELVILLE NY 11747 S	ud agent and blin if a S AND DIRECT	applicable (NOT ORS	B4     City       es, the above-named c authorized by the corporate orida Statutes.       E: Registered Agent signature in 13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE	ADDITIONS/CHANGES TO OFFIC	EL     Durpose of changing it     of the appointment as     DATE     CERS AND DIRECTOF     Change     Change	s registered registered RS IN 12 Addition
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