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

DOCUMENT # F9600001286 (1)

CURRENT ASSET ACQUISITION CORP.

Principal Place of Business	Mailing Address
212 EAGLETON LAKES BLVD.	212 EAGLETON LAKES BLVD.
PALM BEACH GARDENS FL 33418	PALM BEACH GARDENS FL 33418-806

FILED May 14 1997 8:00am Secretary of State



Principal Place of Business 212 EAGLETON LAKES BLVD. PALM BEACH GARDENS FL 33418		Mailing Address 212 EAGLETON LAKES BLVD. PALM BEACH GARDENS FL 33418-9060		160	* 1981198 3110 (8118 811))	
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1996	
	Place of Business	2a. Mailing Address			4. FEI Number (2) 19/12/12 Applied For	
21 Cuite Ant	4 -1-	26				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	7 _I p	Coun	try	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes Yes X No	
	9. Name and Address of Cur	· · · · · · · · · · · · · · · · · · ·		11 Name	10. Name and Address of New Registered Agent	
	S CORPORATE SERVICES, IN	U.		II Name	e e	
	'80 US HWY ONE, #300 RTH PALM BEACH FL 33408		8	2 Stree	ol Address (P.O. Box Number is Not Acceptable)	
NU	RIII FAUN DEAUN FL 33400		E	3		
ı			L			
			8	4 City	FL 85 Zip Code	
agent. I a	am familiar with, and accept the ob-	oligations of, Section 607.0505,	Florida Statul	es.	ed corporation submits this statement for the purpose of changing its register or provided in the purpose of changing its registered appointment as registered use required when reliability. DATE DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	DELETE .	1.1 TITE		Change Addil	
NAME	FRIED, MICHAEL S		1.2 NAM	£		
STREET ADDRESS	109 N. ADAMS ST.		1.3 STRI	ET ADDRESS	S	
CITY-ST-ZIP	ROCKVILLE MD 20850	DELETE		-ST-71P	Change Addit	
TITLE NAME	FRIED, LOIS S		2.1 TiTL: 2.2 NAM		Change L. Addit	
STREET ADDRESS	109 N. ADAMS ST.			it. :E1 address	c l	
CITY-ST-ZIP	ROCKVILLE MD 20850		1	7 - ST - ZIP		
TITLE	VO	DELETE	31 THL		☐ Change ☐ Addit	
NAME	CORNBLATT, ARNOLD		3.2 NAM	IE		
STREET ADDRESS	212 EAGLETON LAKES BL		3.3 STR	ELI ADDRESS	s	
CITY - ST - ZIP	PALM BEACH GARDENS F	· ·	3.4. CIT	7-51-21P		
TITLE		☐ DELETE	4.1 TITL	E	☐ Change ☐ Addit	
NAME			4 2 NAM			
STREET ADDRESS	<u> </u>		1	ET ADDRESS	8	
CITY-ST-ZIP TITLE		DECETE	4.4 CHY 5.1 TITL	- \$1 - ZIP	Change Addit	
NAME			5.1 HTE		C., Onlyings [] Addii	
STREET ADDRESS				EFT ADDRESS		
CITY-ST-ZIP				- S1 - ZIP		
TITLE		DELETE	61 NTL		☐ Change ☐ Addit	
NAME		•	6.2 NAV	ΙĚ		
STREET ADDRESS				E1 ADDRESS	s	
CITY-ST-ZIP			6.4 CITY	- S1- ZIP		

I go 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 offect as if made under eath; 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 13 if chapted, or of an attachment with an address.