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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600003548 (2)

FILED Feb 20 1997 8:00am Secretary of State

Principal Place of Business 1800 PENNSYLVANIA AVE WILMINGTON DE 19806	Mailing Address 1600 PENNSYLVANIA AV WILMINGTON DE 19808-4			
			3. Date Incorporated or Qualified 07/10/1996	3a. Date of Last Report
2. Principal Place of Business	2e. Mailing Address		4. FEI Number	Applied For
21	26		APPLIED FOR	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	Crty & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,
9. Name and Address of Curre			10. Name and Address of New Re	
STOLTZ, RANDY M		81 Name		
7000 W PALMETTO PARK RD #21	2	62 Street Add	fress (P.O. Box Number is Not Acceptal	ble)
BOCA RATON FL 33433			·	
		83)		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stal	502 and 607 1509. Elevida Statu	the the shove named con	moration submits this statement for the	
popul I am topuling with and population and	nations of Section 807 0505. F	taring Plantiton		
agent. I am familiar with, and accept the oblighanture Signature typed or protectivened of registered a		TE Registered Agent signature requ	uired when reinstating)	DATE
SIGNATURE Signature is post or printed name of registered at 12. OFFICERS AI	igen; and tile if applicable (NC ND DIRECTORS	TE Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
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I. I do hereby certify that the information supplied with this filing does not enable 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 frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or in see 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 er in an atlantification with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF SHEETOR

1/3/40 654-

00088