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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F96000006728 (7)

FILED May 08 1997 8:00am Secretary of State

		Mailing 245 N. O	Address CEAN BLVD. LD BEACH FL 33	41-3844	······································				•	
							 Date Incorporated or Qualifities 12/23/1996 	ed 3a. C	ate of Last f	Report
2. Principal F	Place of Business	2a. Mail	ing Address				4. FEI Number		TA	pplied For
1		26					65-0695395		N	lot Applicable
Suite, Apt.	. #, etc.	Suite 27	e, Apt. #, etc.				5. Certificate of Status Desired		•	Additional teguired
City & Stat	de		& State				6. Election Campaign Financin		\$5.00) May Be
3		28					Trust Fund Contribution			to Fees
Zip Tij	Country	Zip		├	ountry		8. This corporation has liability	for intangible Yes		s. 199.032,
4	25 25 29. Name and Address of Curre	29 ent Registered	Agent	30	1		Florida Statutes 10. Name and Address of New			
Dáii		our madiaraign	LAPILL		81	Name	10, 130tte 200 Mediado 61 1304		rygwit	
DAILEY, DANIEL L 245 N. OCEAN BLVD. DEERFIELD BEACH FL 33441					83	Street Add	ROSENFELD, JEFFREY R. Address (P.O. Box Number is Not Acceptable) 245 N. OCEAN BLVD SUITE #306 [85] Zip Code			
					111	D.	EERFIELD BCH,	FL	_	
agentia	registered agent, or both, in the Sta am familiar with and accept the obli	ate of Florida Su lightions X Sec	uch change was tion 607.0505, F	authoriz lorida St	ed by latutes.	the corpora	rporation submits this statement for tation's board of directors. I hereby a	ccept the ap	pomment as	s registereo
SIGNATURE.	Signalus, typod or printed name of registered a OFFICERS A	17/7	cable (NC	TE: Registe	ved Agen	t signalure req	ation's board of directors. I hereby a 1 Z.8 9 7 Lited when einstating: ADDITIONS/CHANGES TO O DIRECTOR	DATE		RS IN 12
SIGNATURE 12. TITLE NAME	Signature Typind or printed name of registered a OFFICERS A PD HAYNES, MATTHEW 8707 CALLE DEL PAZ S.	agent and title if apple	cable (NO	13 1.1 1.2	ered Agen	t signature req	ADDITIONS/CHANGES TO ODIRECTOR CALLANAN, PATRIC	DATE FFICERS AN	ID DIRECTO	RS IN 12
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4. 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, further certify that the information indicated on this annual roport 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 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

HE AND TYPED OR PRINTED NAME OF BIGNING OFFICER ON DIRECT

Daytime Phone # 0006641