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PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	MENT # F98437 EALTY & FINANCIAL CORPO	` '		 			
Principal Place of Business 791-NORTH-POINTE PKWT. #115		Mailing Address 701 NORTHPOINTE PKWY. #115 W PALM BCH FL 33407-1956 US		3. Date Incorporated or Qualified 3a. Date of Last Report			
		·		09/07/1982	08/13/		
	Place of Business	2a. Mailing Address	1.01.0	4. FEI Number			plied For
Suite, Apt	o Centre Phase BL	Suite, Apt. #, etc.	perk 12 mo	59-2217001			t Applicable
2 310	w, etc.	27 % ID	•	5. Certificate of Status Desired		8. 75 A Fee Re	
City & Stat	le	City & State		6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	
3 Wc	ST PAIN Reh TI	28 NEW PALV	n Beach R	Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	8. This corporation has liability for			199.032,
4 334			30 Parmon		Yes 🔲 N		
	9. Name and Address of Curren	Registered Agent	61 Name	10. Name and Address of New R	egistered Age	nt	······································
	RRIS, ROBERT D		81 Name				
	- NORTHPOINTE PKWY		82 Street Addre	ess (P.O. Box Number is Not Accepta	ıble)		
	15		83				
L.W	PALM BOH FL 33407"		83				
			84 City		FL	5 Zip (Code
agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes	on a board or oncotors. Thereby door	ppr uno appoint	oriora do	-ogiotal oa
	Signature, typical or printed harne of registered age		Registered Agent signature require		DATE		
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SIGNATURE	OFFICERS AND	nt and tillo if applicable (NOTE	Registered Agent signature require	d when reinstating)	DATE CERS AND DI		S IN 12
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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this amusi report or supplier ental 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 congretation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or one attachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.97

FILED

May 02 1997 8:00am

Secretary of State

561-478 4003