## 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 #

(8)

יטחי בזוי	NN MIGDAL D.G., F.A.				
Principal Place of Business		Mailing Address			3/0/1
300 GEORGE BUSH BLVD DELRAY BEACH FL 33483 US		300 GEORGE BUSH BLVD DELRAY BEACH FL 33444-4036 US		Date Incorporated or Qualified	3a. Date of Last Report
				09/27/1983	04/23/1996
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		59-2325429	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required
City & State		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in	
24	25	29	30	Florida Statutes	Yes No
	g. Name and Address of Current		·	10. Name and Address of New Rec	istered Agent
MIG	IDAL, DR. LYNN		81 Name		
300 GEORGE BUSH BLVD			<b>82</b> Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
DEL	RAY BCH FL 33483		83		
			63		
			84 City		85 Zip Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Horida Statut	es, the above-named co	rporation submits this statement for the pr	urpose of changing its registered
office or re	egistered agent, or both, in the State of materials with land accept the obligation	of Florida. Such change was a tions of, Section 607,0505. Flo	authorized by the corpor orida Statins	rporation submits this statement for the pration's barrd of directors. I hereby accep	I the appointment as registered
SIGNATURE	De Lypn MIG	DAL Y	MP / \/ V.4		3/10/97
	Signature, typed or printed name of registered agent	Land the Papplicable 1 (NO)	E Regisk nut Agent signature rec		DATE
12.	OFFICERS AND	DIRECTORS	13. 1.1 HILE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
NAME	PST		1.2 NAME		L Change L Noothon
STREET ADDRESS	MIGDAL, LYNN DR. 300 GEORGE BUSH BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		1.4 CHY-\$1-7P		
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAME	MIGDAL, LYNN DR.		2.2 NAME		-
STREET ADDRESS	300 GEORGE BUSH BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL	T Drugge	2. 4 CITY - \$1 - ZIP	<u> </u>	
TITLE		☐ DELETE	3.1 TOLE		Change Addition
NAME DESCRIPTION			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-7IP		
CITY-ST-ZIP TITLE		DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAMÉ		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - 2IP		
TITLE		☐ DELETE	5.1 TALE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - \$1 - ZIP 6 1 TILLE		Change Addition
NAME		ריי סניניונ	G.2 NAME		E J Distrigo E L Padition
STREET ADDRESS			6.3 STREET ADDRESS		
SINCE I ADDRESS			Q.a a Inc. I ADUNE 33		

14, 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. 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 effect as if made under oath; that I am an officer or director of the corporation or the receiver or fusice 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.

36.107 1112 274 5370

**FILED** 

Mar 14 1997 8:00am

Secretary of State