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

DOCUI	MENT # G	67307	7	(0)						
	RINTING OF HY	AL OXILIO	JC.	` '						
IDEAL I		OLONO: II	10.				1 (480) (1 A 1 (4 A 1)) (1 A 1	Julia boto kaar di	ı Bızı dığırı Biğlir Biğir di	JII: JIIII IIAI
Principal Piace of Business			Maili	Mailing Address				DARDA WOODE OF BE	imit mimit model minit m	Bus bibili 1881
3747 S CONGRESS AVE				3747 S CONGRESS AVE						
LAKE WORTH FL 33461			LAKE	LAKE WORTH FL 33461-3753			į			
							3. Date Incorporated of	r Qualified	3a. Date of Las	t Report
							10/28/1983		04/23/1990	
2. Principal Place of Business				2a. Mailing Address			4. FEI Number			Applied For
21				26			59-2362094			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status	Desired		5 Additional
City & Cross				City & State			··			Required
City & State				28			6. Election Campaign I Trust Fund Contribut	•		May Be ed to Fees
Zip	Country		Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25		29	29			Florida Statutes 🔀 Yes 🗌 No			
	9. Name and Addr	ess of Curren	t Register	ed Agent			10. Name and Address	of New Reg	stered Agent	
	vasi, nicholas				81	Name				
3753 BARKIS AVE					82	Street Address (P.O. Box Number is Not Acceptable)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BOYNTON BEACH FL 33436					83		<u> </u>		······································	
					03					
					84	City			FL 85 Z	ip Code
11. Pursuant	to the provisions of Sec	tions 607.050	2 and 607	.1508, Florida Statu	ites, the above	e-named cor	rporation submits this statem	ent for the pu		g its registered
office or n	egistered agent, or bol m familiar vall, and ac	h, in the State eptate obliga	of florida at aus of, S	Such change was Section 607.0505, F	authorized by lorida Statutes	the corpore .	rporation submits this statem ation's board of directors. I h	ereby accept	the appointment	as registered
SIGNATURE	Usch	the !		uri i	NICH	OLAS	GERVASI	- PRE	$\mathbf{z}_{\mathbf{z}}$. – $\mathbf{z}_{\mathbf{z}}$	122/97
	Signa we typed or pointed nati					int signature requ	lired when reinstating)	2 -2	DATE	
12.	V	DEFICERS AND	DIRECT	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGE	S TO OFFICE	Chang	
NAME	GERVASI, MARY			oacele	1.2 NAME	İ			La Chang	no Empression
STREET ADDRESS	3753 BARKIS AVE					ADDRESS				
CITY-ST-ZIP	BOYNTON BCH FL 334			36		T-ZIP	334	-36		
TITLE	P			DELETE	21 TITLE			,	☐ Chang	8 Addition
NAME	GERVASI, NICHOL	AS			2.2 NAME					
STREET ADDRESS				3436		ADDRESS	2.2	436		
CITY-ST-ZIP	BOYNTON BCH, F	L 90000	334		2. 4 CITY-S	ST - ZIP	99	730		1
TITLE				☐ DELETE	3.1 TITLE				Chang	e L. Addition
NAME					3.2 NAME	1000FG				
STREET ADDRESS					3.3 STREET					
TITLE				☐ DELETE	3.4. CITY - 3 4.1 TITLE	DI-ZIP		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chang	e Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY - ST - ZIP					4.4 CITY-S	1				
TITLE			· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE				Chang	ge Addition
NAME					52 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP				200	5.4 CITY - 9	T-ZIP			T 2,	
TITLE				DELETE	6.1 TITLE				Chang	ge Addition
NAME					6.2 NAME					
STREET ADORESS					6.3 STREET	i				
CITY-ST-ZIP		<u>,</u>			6.4 CITY - S	A-ZIP				

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

FILED

Jan 30 1997 8:00am

Secretary of State