## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G85022

(3)

## Apr 14 1997 8:00am Secretary of State

21   26   59-2377548   N     Sulte, Apt. #, etc.   Sulte, Apt. #, etc.     22   27   City & State   Status Desired   \$5.000     59-2377548   N     50   50   50   50     70   70   70     70   70   70     70   70	Report  pplied For  ot Applicable  Additional  equired  May Be  to Fees
#5 BOCA RATON FL 33487 US  #5 BOCA RATON FL 33487-2750 US  3. Date Incorporated or Qualified O4/08/1996  2. Principal Place of Business  2a. Mailing Address  4. FET Number 59-2377548  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee F  City & State  City & State  City & State  City & State  28  Zip  Country  B. This corporation has liability for intangible tax under a Florida Statutes Florida Statutes  Yes No  Registered Agent  10. Name and Address of New Registered Agent	pplied For ot Applicable Additional equired May Be to Fees
BOCA RATON FL 33487	pplied For ot Applicable Additional equired May Be to Fees
US   3. Date Incorporated or Qualified   04/08/1996	pplied For ot Applicable Additional equired May Be to Fees
2. Principal Place of Business  2a. Mailing Address  4. FET Number  59-2377548  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	pplied For ot Applicable Additional equired May Be to Fees
2. Principal Place of Business  2a. Mailing Address  4. FET Number  59-2377548  N  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Fi  City & State  City & State  City & State  City & State  28  Country  Zip  Country  Zip  Country  Zip  Country  S. This corporation has liability for intangible tax under a Florida Statutes  Florida Statutes  Yes  No  9. Name and Address of Current Registered Agent	ot Applicable Additional equired May Be to Fees
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Trust Fund Contribution  Added  Trust Fund Contribution  Trust Fund Contribution  Added  Trust Fund Contribution  Added  Trust Fund Contribution  Added  Trust Fund Contribution  Trust Fund Contribution	Additional equired May Be to Fees
22   27   5. Certificate of Stalus Desired   Fee Fee Fee Fee Fee Fee Fee Fee Fee F	equired May Be to Fees
City & State  Country  Country  Country  End Contribution  Added  Trust Fund Contribution  Added  Added  Florida Statutes  Yes  No  No  No  No  No  No  No  No  No  N	to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax under 24 25 29 30 Florida Statutes Yes No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
WAITS T SIDNEY B1 Name	
i tinio, i, viditi	
901 N.W. 5 AVENUE BOCA RATON FL 33432  82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or printed name of registered agent and title if applicable. (NOTE: flegistered Agent signature required when renstating)  DATE	registered
12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	RS IN 12
TITLE PD DELETE 1.1 TITLE Change	Addition
NAME WAITS, THOMAS SIDNEY 1.2 NAME	
STREET ADDRESS 901 NW 5TH AVE 1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 1.4 CITY-S1-ZIP	
TITLE VSD DELETE 2.1 TITLE Change	☐ Addition
NAME WAITS, VIRGINIA 22 NAME	ļ
STREET ADDRESS 901 NW 5TH AVE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP BOCA RATON FL 2.4 CITY-ST-ZIP	
CHY-ST-ZIP	Addition
NAME KESSELL, ALLYSON WAITS 32 NAME	
STREET ADDRESS 9968 CHELSEA LAKE RD. 3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 34. CITY-S1-ZIP	}
TITLE TYD DELETE 41 TITLE Change	Addition
NAME WAITS, SIDNEY SPENCER 4.2 NAME	
STREET ADDRESS 6004 STRAWBERRY LAKES CI 4.3 STREET ADDRESS	
CITY-S1-ZIP LAKE WORTH FL 4.4 CITY-S1-ZIP	
TITLE D DELETE 5.1 TITLE Change	Addition
NAME WAITS, LYNNE 52 NAME	
STREET ADDRESS 6004 STRAWBERRY LAKES CIR 5.3 STREET ADDRESS	
CITY-ST-ZIP	Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 directly of the corporation or the inceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Bhock 13 if changed, or bit an all alcomposit with an hiddress.