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 # H24053

(1)

	S AND ERECTORS OF FLOI	RIDA,	, INC.								
2900 TUXEDO AVE WEST PALM BEACH FL 33405 US		29 Wi	2900 TUXEDO AVE WEST PALM BEACH FL 33405-1038 US								
				<u></u>				 Date Incorporated or Qualified 10/04/1984 		ate of Last R /28/1996	eport
→ `	ace of Business	\vdash	Mailing Address					4. FEI Number		├ ─ ├ `	oplied For
Suite Ant #	4 Ata	26	Suite, Apt. #, etc.					59-2456874			ot Applicable
Suite, Apt. #, etc.		27						5. Certificate of Status Desired			Additional equired
City & State)		City & State				-	6. Election Campaign Financing			Mav Be
23		28	•					Trust Fund Contribution			May Be to Fees
Zip	Country		Zip	Co	untry	,	1	8. This corporation has liability for	intangible		
24	25	29		30					☐ Yes │		
	9. Name and Address of Current	Regis	itered Agent		01	Laterna	!	0. Name and Address of New Ro	gistered	Agent	
	NDINING, DAVID				81	Name					
1401 FORSYTHE ROAD			82			Street Ad	dress	(P.O. Box Number is Not Accepta	ble)		
WEO	ST PALM BEACH FL 33405				83	 			·	······	
90 0											
					84	City			FL	85 Zip (Code
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 6	507.1508, Florida Statu	les, the a	JUOVE 3VOCE	e-named co	эгрога	tion submits this statement for the		a. L. L. of changing it	ts registered
office or re agent. I an	egistered agent, or both, in the State o m familiar with, and accept the obligat	of Floric tions o	da. Such change was d. Section 607.0505, Fi	authorize lorida Sta	ed by atutes	/ the corpora s.	ation'	s board of directors. I hereby acce	pt the app	pointment as	registered
SIGNATURE	, ,		,								
	Signature, typed or printed name of registated agent					ent signature req	juired w		DATE		
12.	OFFICERS AND	DIREC		13,				ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	D Lewis, Robert S.		1.2		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS					∐ Change	Addition
NAME STREET ADDRESS	119 JUDITHS FANCY										
CITY-ST-ZIP	VIRGIN ISLAND		i i			1.4 CITY - ST- ZIP					
TITLE	D	************			2.1 TITLE					Change	Addition
NAME	LEWIS, HERBERT		_	2.2 N		[Lus
STREET ADDRESS	703 S.W. ATLANTIC DRIVE					ADDRESS					
CITY-ST-ZIP	LANTANA FL				CHY-S	ĺ					
TITLE	DS		☐ DELETE	3 1 T	THE					☐ Change	Addition
NAME	CLENDINING, DAVID			3.2 N	NAME						
STREET ADDRESS	1401 FORSYTHE ROAD			3.3 S	STREET	ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL VP		DELETE		CHY-S	ST-ZIP				T 0	TTI carrier
TOTLE	LEWIS, STEVEN		☐ DELETE	4.1 1						Change	Addition
NAME OTDEET ADDRESS	605 S.E. ATLANTIC DRIVE				NAME	ł					
STREET ADDRESS	LANTANA FL					ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.1 Ti	CITY-ST TITLE	1-ZIP				Change	Addition
NAME			_		NAME					e	
STREET ADDRESS				- 8		ADDRESS					
CITY-ST-ZIP					CITY-SI						
TITLE					6.1 TITLE					Change	Addition
NAME				6.2 N	1AMF						
STREET ADDRESS				6.3 \$	STREET	ADDRESS					
CITY-ST-ZIP					CITY-ST						· · · · · · · · · · · · · · · · · · ·
information I am an off	by certify that the information supplied in indicated on this angual report or su filter or director of the constalion or t in Block 12 or Block 13 4 aggregation	upplem the rec	nental annual report is (ceiver or trustee empoy	true and a wered to a	exec exec	mption state urate and the oute this rep	ed in at my ort as	Section 119.07(3)(i), Florida Statute signature shall have the same legs required by Chapter 607, Florida	es. I furthe al effect a Statutes; a	or certify that is if made un- and that my r	the der oath; that name

1 EWIS 4/23/67 (CZ) 182-500

FILED

Apr 29 1997 8:00am

Secretary of State