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

CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # H2597 OR INVESTMENTS, INC.	5 (4)	, , , , , , , , , , , , , , , , , , ,		
Principal Place of Business C/O BROAD AND CASSEL 7777 GLADES ROAD #300		Mailing Address C/O BROAD AND CASSEL 7777 GLADES ROAD #300		C CORPORT CHAIR THE CONTROL CO	
BOCA RATON FL 33434 BOCA RATON FL 334			56	Date Incorporated or Qualified 10/17/1984	3a. Date of Last Report 04/02/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	H - A.	26		59-2457710	Not Applicable
Suite, Apt 22		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25		30		Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistereo Agent
	UTCH, JEFFREY A.				
7777 GLADES ROAD #300 BOCA RATON FL 33434				ress (P.O. Box Number is Not Acceptat	ole)
Ю	OR INTONTE GOTO		83		
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typical or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agent signature requi		DATE
12.	PDS OFFICERS AI	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	POMERANTZ, SAUL	L_ DECEN	1.2 NAME		E ounde E vocation
STREET ADDRESS	AAAA DEGAANIE DIAM ATE	200	1.3 STREET ADDRESS		
CITY - ST - ZIP	MOUNT ROYAL QC		1.4 CITY-ST-ZIP		
TITLE	TVD	☐ DELETE	2.1 TITLE		Change Addition
NAME	GATTINGER, FRANKLIN J.		2.2 NAME		11,097
STREET ADDRESS		00	2.3 STREET ADDRESS		00,71
CITY-S1-ZIP	MOUNT ROYAL QC		2. 4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
THE	VASD	☐ DELETE	31 TITLE		Change Addition
NAME	POMERANTZ, TERRY	: noo	3.2 NAME	1	
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP	TOWN OF MOUNT ROYAL C	JC DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ vari	4.1 TITLE 4 2 NAME		FT comple FT vitilition
STREET ASORESS			4.3 STREET ADDRESS		
CHY-S1-74P			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY - ST - 7/2			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE	70000213 -04/10/97010	Change Addition
NAME			6.2 NAME	-04/10/97010	01026
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	·· - • • • • •

***165.08

14. If 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 if 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Franklin J. Gattinger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

April 1, 1997 (514)341-8600

FILED

Apr 09 1997 8:00am

Secretary of State

Daytime Phone #