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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

,	1997 DIVISION OF CORPORATIONS					J 0			
	MENT # H61880 N ENTERPRISES, INC.		i Bio Bioar Pro	iti <b>6</b> 18): 518:-	a i k i i k i k i k i k i k i k i k i k				
Principal Place of Business Mailing Address  14890W.PALMETTE PARK RD #440 1489 W PALMETTO PARK RD BOCA RATON FL 33486-3305 #440 BOCA RATON FL 33486-3326					· · · · · · · · · · · · · · · · · · ·				
US						3. Date Incorporated or Qualified 06/13/1985		e of Last Re 1/1996	eport
2, Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number 59-4661111		<del></del>	plied For t Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	City & State				<del>,</del> ,	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
71p	Country 25	Zip	Co.	intry	<u> </u>	8. This corporation has liability for in		ax under s.	
	9, Name and Address of Curre					10, Name and Address of New Reg			
	Jrer, Jani			81	Name				
1489 W PALMETTO PARK RD #440					Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
BOCA RATON FL 33486					· · · · · · · · · · · · · · · · · · ·				
[				84	City	A		85 Zip (	
					· ·		FL		
	to the provisions of Sections 607 05 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Sta e of Florida. Such change wa gations of, Section 607.0505,	itutes, the a as authorize Florida Sta	d by tutes	named corp the corporat	poration submits this statement for the purion's board of directors. I hereby accept	the appo	nanging it intment as	s registered registered
SIGNATURE	Signature, typed or profed name of registered ag		NOTE Ringistere	d Age	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS  DELETE	13.	Ti E		ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	IS IN 12
I NAME	FORMAN, JO NAN	L.J Otter	1.1 II		i			Change	L Addition
STREET ADDRESS	10915 BOCA WOODS LANE				ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		140	ITY-S	T-ZIP				
11T.E		DELETE	211		İ		ι	Change	Addition
NAME :			2.2 N						
STREET ADDRESS CITY-SY-ZIP					ADDRESS ST - ZIP				
TILLE	DELETE 3.11			71-22			Change	☐ Addition	
NAME.			3.2 N	AME					
STREET ADDRESS					address				
CITY+SI+7IP TITLE	The state of the s	DELETE	3 4. C		ST-ZIP			Change	Addition
NAM:		E.J Deterie		IAME			•	onunge	LLI FROMINI
STREET ADDRESS					ADDRESS				
C(TY-ST-Z)P	- Company of the Comp			iTY-S	T-ZIP			<del></del>	· Y-7
TITLE		DELETE	i 5.1 T		-		ι	Change	Addition
NAME STREET ADDRESS			5.2 N		ADDRESS				
CITY-SI-ZP				INEET ITY-S	L				
TILE	* *** · · · · · · · · · · · · · · · · ·	DELETE	6.17			<u> </u>		Change	Addition
NAME			6.2 N	AME	[	•			ĺ
STREET ADDRESS			6.3 S	TREET	ADDRESS				

SIGNATURE:

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

**FILED** 

Apr 01 1997 8:00am

Secretary of State