## 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 DOCUMENT # H80820

(4)

Principal Place of Business Mailing Address  5215 GEORGIA AVENUE 5215 GEORGIA AVENUE WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405					
					Date of Last Report 1/21/1996
2. Principal Place of 21	Business	2a. Mailing Address 26		4. FEI Number 59-2594933	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Z(p	Country 30		□ No
9. N BLOUIN, L	ame and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered	l Agent
LAKE WOF	<del>ILWOOD O</del> IR. <u>ITH_FL_</u> 33467		83 84 City	ddress (P.O. Box Number is Not Acceptable)	85 Zip Code 62
11. Pursuant to the p office or registere agent I am will SIGNATURE	revisions of Sections 607 ( id agont, or both, in the St ar with, and accept the ob	0502 and 607.1508, Elema S se of Florida Such change of digutions of highligh 607.050		corporation submits this statement for the purpose pration's board of directors. I hereby accept the appropriate the purpose of the purpose pratical provided when reinstation.	of changing its registered pointment as registered
12.	OFFICERS	AND DIRECTORS	(NOTE Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE P	OF ICENS	DELETI		ADDITIONAL OF THE PROPERTY AND ADDITIONAL OF THE PROPERTY ADDITIONAL OF THE PROPERTY AND ADDI	Change Addition
	JIN, LORIS I.		1.2 NAME		<b>-</b>
O HEET PRODUCTION	Hansen Street	•	1.3 STREET ADDRESS	3393 LAKE Overlack	TL.
CITY - ST - ZIP WES	<u>LPALM BE</u> ACH FL		1.4 CITY - ST - ZIP	LANTONA EL. 3	3462
TITLE		☐ DELETI	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETI	3 1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 64 CITY-ST-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 armual 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.

32 NAME

4.1 THILE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

**33 STREET ADDRESS** 

3.4. CITY - ST - ZIP

44 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

THILE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CHTY- ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-7P

STREET ADDRESS CITY - ST - ZIP

Daytime Phone #

Change

Change

Change

Addition

Addition

\_\_\_ Addition

**FILED** 

Jan 21 1997 8:00am

Secretary of State

0298573