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

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	MENT # J00718	(3) ER, MORICI & A	RONSON, P.A		
v v datet velali	THE STATE OF THE PARTY OF THE P				
Principal Plac	e of Business	Mailing Address			
102 NORTH SWINTON AVENUE DELRAY BEACH FL 33444		102 NORTH SWINTON AVE DELRAY BEACH FL 33444			
				02/24/1986 03	Pate of Last Report
	Place of Business	2a, Mailing Address		4, FEI Number	Applied For
Suite Apt	# etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	59-2646933	Not Applicable \$8.75 Additional
22	F, 500	27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible	e tax under s. 199.032,
4	25		30	Florida Statutes Yes	- .
	g. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	INER, MICHAEL S.		oi Name		
	2 NORTH SWINTON AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
DE	LRAY BEACH FL 33444		63		
			84 City	FL	85 Zip Code
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a	luthorized by the corporat	oration submits this statement for the purpose of ion's board of directors. I hereby accept the applications are supported in the second statement for the second statement for the second seco	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered age	int and title it applicable (NOTE	: Registered Agent eignature reguln	red when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WEINER, MICHAEL S.		1.2 NAME		
STREET ADDRESS	INT II ON WILLIAM		1.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	VPS		2.1 TITLE 2.2 NAME		C onlings C rounton
STREET ADDRESS	MORICI, ALFRED G		2.3 STREET ADDRESS		
City-St-ZiP	IOE II. WHITIOH ATENOE		2.4 CITY - ST - ZIP		
TITLE	DELRAY BEACH FL	DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ARONSON, CAROLE		3.2 NAME		
STREET ADDRESS	102 N SWINTON AVENUE		3.3 STREET ADDRESS		
CITY - ST-ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP		110000
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	}		4 2 NAME		
STREET ADDRESS	\		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - \$1 - ZIP			5.4 CITY+ST-ZIP		
TiTLE		☐ DELETE	6.1 TITLE	8000021372	Change Addition
NAME			6.2 NAME	8000021372 -04/09/97010030)20
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	 -
CITY-\$1-ZIP	by cartify that the information of make	d with this filing dose not qualif	■ 64 CITY-ST-ZIP	in Contine 110 07/21/3 Florida Statutos I furth	er certify that the
informati Lanuan d appears	on indicated on this armual report of the officer or director of the corporation of the Block 12 or Block 13 If changed, o	supplemental annual report is to the receiver or trustee empower of an attachment with an add	rue and accurate and that rered to execute this repor fress.	my signature shall have the same legal effect at as required by Chapter 607 Florida Statutes;	is if made under oath; that and that my hand

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/97

FILED

Apr 08 1997 8:00am

Secretary of State

Daytime Phone #