## 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

DOCUMENT #

1997

J58159

(1)

VILLAGE	: LAKE, ING.								
Principal Place of Business 440 ROYAL PALM WAY, STE. 300 SUITE 200 PALM BCH FL 33480 US		Suite 200 Palm BCH FL 33	440 ROYAL PALM WAY, STE, 300						
		US				<ol> <li>Date Incorporated or Qualified 02/20/1987</li> </ol>		te of Last Report ) <b>2/1996</b>	
Principal Place of Business     Total						4. FEI Number 59-2775541		Applied For Not Applicable	e
Suite Apt.	# etc.	} <sub>1</sub>	Suite, Apt. #, etc.  27 Suite 200			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country         Zrp           25         29         30			Country		Florida Statutes	s liability for intangible tax under s. 199.032,  X Yes No		
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New F	tegistered A	igent	4
	opin, L. Frank			81	Name				
	ROYAL PALM WAY, STE 200 M BCH FL 33480				Street Add	ress (P.O. Box Number is Not Accept	able)		
					City			85 Zip Code	_
				84	City		FL	2ip code	
11. Pursuant office or ragent La	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob	502 and 607.1508, Florid ale of Florida. Such chan- ligations of, Section 607.1	la Statutes, th ge was autho 0505, Florida	e above rized by Statutes	e-named cor the corpora i.	poration submits this statement for the tion's board of directors. I hereby acc	purpose of ept the appo	changing its registered sintment as registered	1
SIGNATURE	·				<del> </del>		DATE		.
12.	Signature types or preced his ord registered OFFICERS A	AND DIRECTORS		13.	ni signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFF		DIRECTORS IN 12	$\dashv$
TITLE	PSD							Change Addition	7
NAME	CHOPIN, L. FRANK			1.2 NAME					1
STREET ADDRESS				1.3 STREET	ADDRESS				
City - St - ZiP	PALM BCH FL			1.4 CITY-S	T - ZIP				
TITLE		☐ DE	LETE	2.1 TITLE				Change Additio	n
NAME				2.2 NAME					
STREET ADDRESS			•	2.3 STREET					
CITY - ST - 7IP		l ne		2. 4 CITY - S	ST-ZIP			☐ Change ☐ Additio	
TITLE NAME		الل ال		3 1 TITLE 3.2 NAME				C change C Additio	"
STREET ADDRESS				3.3 STREET	Annaecc				
CITY-ST-ZIP				3 4. CITY-S					
TITLE		DE		4.1 TITLE	,, ,,,	<del></del>		☐ Change ☐ Additio	Ē
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CiTY-ST-ZIP				4.4 CITY - S	T-ZIP				
TITLE		☐ DE	LETE	5.1 TITLE				Change Additio	n
NAME			<b>.</b> .	5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
City-St-ZiP				5.4 CITY - S	T- 71P				

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the norther of supplemental annual, eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that ation or the referee or further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or direct appears in Block 12 o

DELETE.

6.3 STREET ADDRESS

6.4 CITY - ST - ZiP

6.1 TITLE

6.2 NAME

SIGNATURE:

14. I do hereby certify that the information indicated on this a

TITLE

NAME STREET ADDRESS

CITY - ST - ZIP

(561) 655-9500

**FILED** 

Jan 28 1997 8:00am

Secretary of State

Change

Addition