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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J61907

(8)

SHELLEY B. MAURICE, P.A.

11076 S MILE	or of Business TARY TRAIL CACH FL 33436	Mailing Address 11076 S MILITARY TRAIL BOYNTON BEACH FL 33436-7217							
					3. Date incorporated or Qualified 03/16/1987	3a. Date 0		eport	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		.,	plied For	
21		26			59-2803594		No	t Applicable	
Suite, Apt	#, etc	Suite, Apt #, etc			5. Certificate of Status Desired	\$	8.75 A	Additional equired	
City & Sra	ч.	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
7111 24	Country 25	7/p	30 Cour	ntry	This corporation has liability for Florida Statutes	intangible tax Yes N		199.032,	
	Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Age	nt		
	in, Daniel		ł	81 Narne					
1195 NW 20TH AVENUE DELRAY BEACH FL 32301			}	82 Street Add	ddress (P.O. Box Number is Not Acceptable)				
			1	83					
			F	84 City		FL B	5 Zip C	Code	
11. Pursuant office or agent 1:	am familiar with and accopt the ob	igations of Section 607.050	5. Florida State	rtes.	rporation submits this statement for the ation's board of directors. I hereby acceured when reinstaling	DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI				
TIFLE	MAURICE, SHELLEY B.	☐ DELETE				Li	Change	Addilion	
NAME STREET ADOPESS	11076 S MILITARY TRL		1.2 NA	ME REET ADDRESS				1	
	BOYNTON BEACH FL								
CHY-ST-ZIF	D	DELFTE		Y-ST-ZIP LE		П	Change	Addition	
NAME	MAURICE, SHELLEY B.		22 NA				0-		
STHEET ADDRESS	11076 S MILITARY TRL		1	REET ADDRESS					
C)*** S 7 P	BOYNTON BEACH FL		2. 4 CI	TY - ST - ZIP					
THILE		DELETE	31111	LF			Change	Addition	
NAME			3 2 NA	ME					
STREET ADDRESS.			3.3 ST	HEET ADDRESS				į	
CITY - ST - ZIF		T on the		TY-ST-ZIP			<u> </u>	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
101LE		☐ DELETE	1 · · · ·	}		لـا	Change	Addition	
NAME			4 2 N/	· .					
STREFT ADDRESS				REET ADDRESS				}	
CONVEST OF		DELETE		Y-ST-ZIP			Change	Addition	
NAME			5.2 NA	ì		L.	ninige	L.J Madadii	
1475015	1		■ J.E NH	PYIL					

14. I do here by 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 prector 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 changing, or or, an attachment with an address.

6.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - 2(P

6 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

STHEET ADDRESS

CITY-ST 20F

10.6

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone 4

☐ Change

Addition

FILED

Mar 19 1997 8:00am

Secretary of State