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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1997 8:00am

Secretary of State

0522830

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J62882

(2)

VICTOR KURISH ORAHAM, P.A.

Principal Place	e ol Business	Mailing Address			
725 N. HIGHWAY AIA SUITE E-208 JUPITER FL 33477 US		725 N. HIGHWAY AIA Suite e-208 Jupiter FL 33477			
		US		3. Date incorporated or Qualified 03/16/1987	3a. Date of Last Report 06/24/1996
·¬	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Ant	# ata	Suite Act # etc		59-2801026	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No
24]	9. Name and Address of Curre		1301	10. Name and Address of New Reg	
ORA	HAM, VICTOR K.		81 Name		·
	AMBRA OFFICE COMPLEX		82 Street Add	ress (P.O. Box Number is Not Acceptable	ia)
	E E208, 725 N HWY A1A		Sireet Add	ress (r.o. box Number is Not Acceptable	e)
	TER FL 33477		83		
			64 City		85 Zip Code
			Ony		FL S Zip Code
office or r	registered agent, or both, in the Stat am familiar with, and accopt the obti	e of Florida. Such change was gations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the pi tion's board of directors. I hereby accep	t the appointment as registered
12.	Signed we happed or printed name of registered as OFFICERS At	ND DIRECTORS	TE Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
THE	D	DELETE	1.5 TIFLE	NODITION OF INTOLES TO CITTO	Change Addition
NAME	ORAHAM, VICTOR KURISH		1.2 NAME		
STREE! ADDRESS	725 N HWY A1A UNIT E208		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		1.4 CITY - ST - ZIP		{
THILF		DELETE	2.1 TITLE		Change Addition
NAME			22 NAME	·	1
STREET ADDRESS]		23 STREET ADDRESS		
CITY SI-76			2. 4 CITY-ST-ZIP		
TITEF		☐ DELETE	3.1 TITLE		Change Addition
NAME	<u> </u>		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY - ST - ZIP	······································	
TILE		[] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
City-ST ZIP		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
THE		DECERT	5.1 TITLE		CHANGE CT Addition
NAME OXOGET LEGISLOS			5.2 NAME		İ
STREET ADORESS			5.3 STREET ADDRESS		
CITY - ST - ZIF		DELETE	5.4 C(TY-ST-ZIP 6.1 TITLE		Change Addition
NAME		DESCRIP	6.2 NAME		one-igo resultan
STHEET ADDRESS			6.3 STREET ADDRESS		
CHTY - ST - ZIP			6.4 CITY-ST-ZIP		
	by certify that the information suppli	ed with this filing does not qual		d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal	s. I further certify that the
informatio Lam an o appears i	on indicated on this applical report or officer or director of this cerboration in in Block 12 or Block 18 if charged	supplemental annual report is or the receiver or trustee empor of or an attachment with an ac	true and accurate and tha wered to execute this repo idress.	It my signature shati have the same legal art as required by Chapter 607, Florida S	effect as if made under oath; that tatutes; and that my name

MINTED NAME OF SIGNING OFFICER OR DIRECTOR