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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J82742

(4)

KELLEY, ALDRICH & WARREN, P.A.

FILED	
May 05 1997 8:00	0am
Secretary of Sta	ite

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Principal Place of Bu	~	Mailing Address			# SEANS AND CHINE LIGHT SERVE STRUCK THAT	א אפארוים באפון ומנוס נופאן פניבום נופני פניבוף נופני מנפני פניבון פניבון פניבון פניבון פניבון פניבון פניבון פניבון				
222 LAKEVIEW AVENUE SUITE 360 WEST PALM BEACH FL 33401 US		SUITE S	222 LAKEVIEW AVENUE SUITE 360 WEST PALM BEACH FL 33401-6147 US							
					3. Date Incorporated or Qualified 07/09/1987	3a. Date of Last Report 04/30/1996				
2. Principal Place of	Business	h	ng Address	<del> </del>			4. FEI Number	-		plied For
21	******	26	Ant 4 etc		. —		59-2820935		<del></del>	ot Applicable
Suite, Apt #, etc.		27	, Apt. #, etc.				5. Certificate of Status Desired		\$ <b>8.75</b> / Fee Re	Additional equired
City & State			State		et <del>l</del>		6. Election Campaign Financing		\$5.00	·
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Cou	ritry		8. This corporation has liability for i			. 199.032,
24	25	29]	*************************	30				Yes 🗌		
	Name and Address of Curren	t Registered	Agent		=		10. Name and Address of New Re	gletered Ag	ent	<del></del>
	GLENN D.			:	81	Name				
	EVIEW AVENUE, SUITE 360				82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		·
WEST PA	LM BEACH FL 33401				B3					<del></del>
				,	84	City		FL	85 Zip	Code
11 Pursuant to the	provisions of Sections 607 0500	2 and 607 150	ia Florida Stati	ites the s		-named c	ornoration submits this statement for the n		hanging it	s registered
office or register	red agent, or both, in the State iliar with, and accept the obliga	of Florida. Su	ch change was	authorize	d by	the corpo	orporation submits this statement for the poration's board of directors. I hereby accep	the appoi	itment as	registered
SIGNATURE	mar with, and accept the obliga	mons or, sect	OII 607.0000, 1	ionoa sta	.0100	••				
	e, typed or printed name of registered ager	okqqa fi ətit bna In	able. (NC	DTE: Registere	d Age	n erutangia tn	equired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS		13.	,		ADDITIONS/CHANGES TO OFFIC			
TITLE P			☐ DELETE	1.1 Ti	1LE			L.	Change	Addition
	LEY, GLENN D.			1.2 N	<b>ME</b>					
	LAKEVIEW AVENUE, SUIT	E 360		1.3 S	FREET	ADDRESS				
	PALM BCH FL		<u></u>			T-21P			<del> </del>	·
TITLE VS	SPIGIL BETTO I		L DELETE	21 TI	1LE			L,	_ Change	Addition
	ORICH, PETER J.	~ ^^^		2.2 N	4ME					
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	PALM BCH FL	<del></del>				ST-ZIP			<b>1</b> 2	17 4 4 100
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	RREN, RICHARD B.	E 000		3.2 N	4ME		4			İ
	LAKEVIEW AVENUE, SUIT	E 300				ADDRESS		:		
OFF. 01 2.11	PALM BCH FL		T I DELETE			ST-ZIP		····	1 0	L delition
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NAME				4.28						
STREET ADDRESS						ADDRESS				
CITY-SI-7IP			DELETE			T- ZIP			Change	Addition
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NAME				5.2 N		4000ccc				
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NAME				6.2 N		4000000				
STREET ADDRESS						ADDRESS				
CHY-S1-ZIP				6.4 C	IFY-5	T-ZIP		····	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	

14. I do hereby certify that the information supplied with this filing does not equify 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 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.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

MING OFFICER OR DIRECTOR

4.24.97 561.653

Daytime Phone #