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

PROFIT CORPORATION ANNUAL REPORT

1997



14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplicemental annual report is true at I am an officer or director of the corporation or the receiver or trusted empowered appears in Block 12 or block 13 if chapted, or or an attachment with an address

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J87663

(7)

	& CO., INC.						
Principal Place of Business 68 GOLFVIEW DRIVE TEOUESTA FL 33469 US		Mailing Address 66 GOLFVIEW DRIVE TEQUESTA FL 33469-1947 US					
					3. Date Incorporated or Qualified 08/10/1987	3a. Date of Las 02/12/199	
	Place of Business	2a. Mailing Address	 		4. FEI Number		Applied For
Suite, Apt.	# oto	[26]	Suite, Apt. #, etc.		59-2844400		Not Applicable
22 22	W, Olc.	⊢ —¬	27		5. Certificate of Status Desired	1 1	5 Additional Required
City & Stat	10	Cily & State			6. Election Campaign Financing \$5,00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Ziρ	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 25	29 Current Registered Agent	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
ANI	DERSON, JANE R.	Content Hebistered Affent	81	Name	TO, Name and Address of New N	Mistered Wheur	
	GOLFVIEW DRIVE		-		(0.00		
	DUESTA FL 33469		82	Street Add	lress (P.O. Box Number is Not Acceptal	DIO)	
			83				
			84 City			B5 Z	Zip Code
44 0	to the area datases of Continue of	007 0000 007 4500 Fly				FL b '	
office or r	registered agent, or both, in the	e State of Florida, Such change was a physician of Scaling CO. 2005.	es, the above authorized b	y the corpora	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment	as registered
SIGNATURE	am tamillar with, and accept the	o obligations of, acction 607.0000, Fit	onua otatute	15.			1
	Signature, typed or printed name of regis			ont signature requ	ired when reinstating)	DATE	
12.	OFFICE DVT	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
TITLE .	ANDERSON, ROBERT W		1.1 HILE	}		பெல	ge 🗀 Addition
STREET ADDRESS	66 GOLFVIEW DRIVE			1 ADDRESS			1
CITY-ST-ZIP	TEQUESTA FL		1.4 CRY-ST-ZIP				ļ
TITLE	DP\$	☐ D£LE7E	2.1 111LE	· · · · · · · · · · · · · · · · · · ·		☐ Chan	ige Addition
NAME	ANDERSON, JANE R.		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	TEQUESTA FL	⋈ DELETE	2. 4 CITY-	S1-ZIP		Chan	no ladition
TITLE	D CIVAIN VILLE	≥ beteje	3.1 TITLE	1		Chan	ige L Addition
NAME STREET ADDRESS	AA AALGIGUU ANKE		3.2 NAME	1 address			
CITY-ST-ZIP	TEQEUSTA FL		3.4. CITY-				
TITLE	D	DELETE	4.1 TOTLE	<u> </u>		Chan	ge Addition
NAME	BENDFELT, DONNA		4. 2 JAME				
STREET ADDRESS	ss 12675 150TH LANE		4.3 TREE	T ADDRESS		•	į
CITY-ST-ZIP	JUPITER FL	4.0		ST - ZIP			
TITLE	D INDA	🔀 DELETE	5.1 THE			☐ Chan	ige L Addition
NAME	JOHNSTON, LINDA 13229 150TH CT NO		5.8 AME	ì			[
STREET ADDRESS	JUPITER FL			1 ADDRESS ST-ZIP			ł
CATY-ST-ZIP	DELETE 6			31- <i>1</i> H'		☐ Chang	ge
NAME			6. AME				
OFFICE ADDRESS				TADDBECC]

Varlage su car au

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inccurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 03 1997 8:00am

Secretary of State