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PROFIT CORPORATION **ANNUAL REPORT**

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

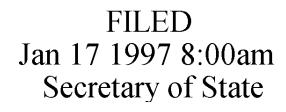
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J93991

(4)

MARK R. MANCERI, P.A.

Principal Place of Business Mailing Address





% MARK R. MANCERI 23277 BOCA CHICA CIR. BOCA RATON FL 33433 US		% MARK R. MANCERI 23277 BOCA CHICA DIR. BOCA RATON FL 33433 US				3. Date Incorporated or Qualified		ite of Last F	Report	
——————————————————————————————————————		l 'a				09/21/1987	03/0	6/1996		
2. Principal Place of Bus 21 2929 E. C	Thess & D	2a. Mailing Address				4. FEI Number		 	pplied For	
Suite, Apt #, etc	OMMERCIAL BLUC	Surte, Apt. #, etc.				65-0004683			ot Applicable	
22 FT MA	uperplu	27			· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		Fee R	Additional equired	
23 FLOPED	·	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
^{Zp}	Country	Zip	Cour	itry		8. This corporation has liability for it	ntangible	tax under s	199.032,	
67	25 U S A.	29	30				Yes			
	e and Address of Current F	registered Agent		81	Name	10. Name and Address of New Reg	istered /	Agent		
MANCERI, MARK R. 23277 BOCA CAICA CIR					Name					
BOCA RATON FL 33433				82	Street Address (P.O. Box Number is Not Acceptable)					
			[1	83						
					City		FL	11	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Skeisture, to e	of the printed name of region in a social.	rd tille if aggila abin (NeC)	III : Heastean	Agent	Signature rec	paired when reinstating)	DATE			
12.	OFFICERS AND I	F /	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TIFLE PST		DELETE.	1.1 TiTi	.E	<u> </u>			☐ Change	RS IN 12	
NAME MANCER	ii, mark r.		1.2 NA	ME						
	OCA CHICA CIR.		1.3 \$ TR	A T33	DORESS					
CHY-SY-ZIP BOCA RA	ATON FL		1.4 CHT	Y~ST-	ZIP					
TITLE D		☐ DELETE	2.11(()	.E				Change	Addition	
NAME MANCER		2.2 NAM	VIE							
STREET ADDRESS 23277 BO		2.3 STREET ADDRESS								
CID - ST - ZIP BOCA R	RION FL		2.4 CII		- ZIP					
TOTALE		[_] OLLETE	3.1 T(T)					Change	Addition	
NAME			3.2 NAM							
STREET ADDRESS		3.3 STREET ADDRESS								
CITY ST 20 OFLETE				3.4 CITY-ST-ZIP 4.1 TITLE				Change	Additon	
NAME		E.J OKICIL							Addition	
STREET ADDRESS			4.2 NA		Publice					
CHY-ST-ZIP			4.3 S1M 4.4 CiT		DORESS					
TITLE		DELETE	5.1 TiTl		40			Change	Addition	
NAME		- ·	5.2 NAM						Tanana - I - I - I - I - I - I - I - I - I -	
STREET ADDRESS			1		DORESS					
C-TY-ST-ZIP			5.4 CIT							
THE		☐ DELETE	6.1 TITE				······································	Change	Addition	
NAME			6.2 NAN	WE						
STREET ADDRESS	A	N.	6.3 STR	A TBB	DDRESS					
COTY - ST - ZOP	Λ		6.4 CIT							
appears in Block 12	on this annual record or sug	ρ'emental annual report is e requivel or trustee empo	true and ac wered to ex	ecuri (ecu	ate and th te this rep	ed in Section 119.07(3)(i), Florida Statules lat my signature shall have the same legal lort as required by Chapter 607, Florida St	effect as	if made un	ider oath, that I	
SIGNATURE:	SIGNATURE AND TYPED OR PE	INTED NAME OF SIGNING OFFICE	A OR DIRECTO	ЭR	MORI	CR. Mancell 1/10/9°	/ Di	4677 - 1 ysnu: Phone # 05222	7099	