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

**PROFIT CORPORATION** ANNUAL REPORT <sup>4</sup> 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

SIGNATURE:

THEODORE E. DAVIS ARCHITECT & ASSOCIATES, P.A.

**FILED** May 06 1997 8:00am Secretary of State

4/29/97 516-744-7798

Principal Plac	ce of Busines			Mailing	Address								
Principal Place of Business Mailing Address  1851 W. Indiantown Rd.  1851 W. Indiantown Rd.									_				
Suite		antown	Ka.			alar	nto	wn Ro	i.				
Jupite		33458	Suite 101 Jupiter, FL 33458						3. Date Incorporated or Qualified 11-10-87		ate of Last I	Report	
2. Principal f	Place of Busin	ess		2a. Maili 26	ng Address					4, FEI Number		A	pplied For
21 Suite Apt	Apt. #, etc.					60 75			lot Applicable				
22		27						5. Certificate of Status Desired	×		Additional lequired		
´	City & State				City & State					6. Election Campaign Financing \$5.00 May Be			
23 Zip		Country		28 Zip		T	Country	,		Trust Fund Contribution	<u> </u>		to Fees
24	İ	25		29		30	,00,111	,		8. This corporation has liability for in Florida Statutes	niangible Yes		a 199.032,
E-7		and Address	of Current		Agent	1001				10. Name and Address of New Re			
D		·					81	Name					***************************************
Davis,							82	Stroot A	ddran	e /P.O. Boy Number is Not Assessed	10)	<del></del>	
1851 W. Indiantown Rd., Suite 101 Jupiter, FL 33458							oz Street Address (P.t			s (P.O. Box Number is Not Acceptab	ie)		
Jupitei	r, FL	33458					83						·····
							84	City				85 Zip	Code
								- ,			FL	.	
office or i	registered ag	ent, or both lin	i the State of	Florida Su	08, Florida Statut ch change was ion 607.0505, Fl	authori	zed by	v the corpo	corpor oration	ation submits this statement for the p n's board of directors. I hereby accep	urpose o	t changing i pointment as	its registered s registered
SIGNATURE										· .			
	Styraine (good	or printed harric of		···				ent signature r	beniupe	when reinstating)	DATE		
12.	I 55	OFF	CERS AND	DIRECTORS	DELETE				<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND		
EILE	DP		_	_	FT DETELE		TITLE					L Change	☐ Addition
NAME		Theo			_		? NAME			6			
					Suite					•			
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519FELATIONSS						5.3	STREET	ADDRESS			4	クンと	1 14
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informatio	ny cerery mat ni indicated o	n this annual	pport or sup	plemental <u>e</u>	g does not quali annual report is t	iry ior tr true and	accr	rate and t	hat m	y signature shall have the same legal	effect as	centry that if made un	ine ider oath; that
Lamian o appears :	itt der or dired in Block 12 or	tor of the gor. Block 18 for	ioration or th langed, or o	e receiver o n ap attachr	ir trijstee empow nevit with an add	vered to decss.	exec	ute this re	port a	y signature shall have the same legal s required by Chapter 607, Florida Si	atutes; a	nd that my r	name

OR PRINT NAME OF SKINING OFFICER OR DIRECTOR