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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CHY-\$1-70P



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # K01731 OF PALM BEACH, INC.	(4)			8.221 8.611 9.611 9.611 9.611 8.441 8.61
Principal Plac	ce of Business	Mailing Address		-{	YLDIL DİDİL BIBIL BIBIL DIBIL DIBIL IBDI
4175 S. CONGRESS AVE LAKE WORTH FL 33461		4175 S. CONGRESS AVE LAKE WORTH FL 33461-4	703		
				3. Date Incorporated or Qualified 11/12/1987	3a. Date of Last Report 04/05/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	H oto	Suite, Apt. #, etc.		65-0013842	Not Applicable
22	# Citt.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	rte	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Yes 🔀 No
	9. Name and Address of Curren		81 Name	10. Name and Address of New Reg	Istered Agent
	LIE R. WARNER & SCOTT E. WAI	RNER			
4175 S. CONGRESS AVE LAKE WORTH FL 33461			82 Street Add	ress (P.O. Box Number is Not Acceptable	le)
UAI	NE WORTH PL 33401		83		
•			84 City		FL 85 Zip Code
office or agent 1. SIGNATURE			es, the above-named corp authorized by the corporal orida Statutes.  E. Registered Agent signature requi	poration submits this statement for the pricion's board of directors. I hereby accept	urpose of changing its registered if the appointment as registered
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	·
TILE	D	DELETE	1.1 TOTLE		Change Addition
NAME	WARNER, JULIE R.		1.2 NAME		
STREET ADDRESS	1		1.3 STREET ADDRESS		
CHY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	D D DOOTT F	L DELETE	2.1 TITLE		L Change L Addition
NAME.	WARNER, SCOTT E. 4175 S. CONGRESS AVE		22 NAME		
STREET ADDRESS CITY+S1+ZIP	LAKE WORTH FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
THLE	Date World	☐ DELETE	3.1 TITLE		Change Addition
NAME		<del></del>	3.2 NAME	•	"
STREET ADDRESS	i		3.3 STREET ADDRESS		
Catrist-70			3.4. CITY-ST-ZIP		
JIITE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY S1-709		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		L_J DECETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
ł	1		5.4 CITY-ST-ZIP		
CHY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADORESS	; [		63 STREET ADDRESS		

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify 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 received 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 metanged or on an alta himony with an address

**FILED** 

Mar 28 1997 8:00am

Secretary of State