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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE: Theodore Babbit

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLY+S1- ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K59771

(1)

LILED
Apr 10 1997 8:00am
Secretary of State
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561-640-3230

0302075

EH ED

Principal Place of Business Mailing Address * THEODORE BABBITT 1801 AUSTRALIAN AVENUE SOUTH #200 W PALM BEACH FL 33409 ** PALM BEACH FL 33409								
W PALM BEACH PL 33409					3. Date Incorporated or Qualified 01/20/1989	r Qualified 3a. Date of Last Report 04/05/1996		eport
2. Principal Piace of Business		2a. Mailing Address 26		4. FEI Number 65-0094627	1 1		plied For at Applicable	
Suite, Ap	ot #, etc.	Suite, Apt. #, etc.	<u></u>		5. Certificate of Status Desired		\$8.75	Additional
City & St.	ate	City & State			Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees		
71p	Country 25	Z(p)	Court	try	8. This corporation has liability for		tax under s.	
	9. Name and Address of Currer				10. Name and Address of New R			
	ABBITT, THEODORE		<u></u>	Name				
1801 AUSTRALIAN AVE SOUTH #200			Ţ	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	PALM BEACH FL 32340		ļī,	B3		····		
•••			<u> </u>	B4 City		-,	85 Zip (Code
				the above-named corporation submits this statement for the purpose of changing orized by the corporation's board of directors. I hereby accept the appointment a Statutes.				
SIGNATURE		ent and little of applicable (NC			uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
TITLE	PD	DELETE	1.1 TITS	E .	7,557,1010,571,1440,20 7,5 011	OLI IO ALIE	Change	Addition
NAME	BABBITT, THEODORE		1.2 NAM	AE]				
STREET ADDRESS			1.3 STR	EET ADDRESS				
CHY-SI-7IP	W PALM BEACH FL ST	DELETE		Y-ST-ZIP		 		1.0.100
TITLE NAME	BABBITT, ADRIANNE	☐ DELETE	2.1 TITU 2.2 NAS	ĺ			L. Change	Addition
STREET ADDRESS	AAAA ANIATRAHAAN ANE AA		1	EET ADDRESS				
CHY-S1-7IP	W PALM BEACH FL			Y-ST-ZIP				
TITLE		☐ DEL€TE	3.1 TIT	ſ			☐ Change	☐ Addition
NAME EXECUTED ADDRESS			32 NA)	. {				
STREET ADDRESS CITY - ST - ZIP	³			EET ADDRESS Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TIT				Change	noitibbA 🔲
NAME			4 2 NA	ME J				
STREET ADDRESS	s		4.3 STF	EET ADDRESS				
City-St-ZiP				Y-ST-ZIP	······································	· · · · · · · · · · · · · · · · · · ·		
THE		DELETE	5.1 T(T)	ſ			Change	Addition
NAMI CEDIA S AFRICADA			5.2 NAI	1				
STREET ADDRESS	>		1	EET ADDRESS				
City - SY - 7/P Title		☐ DELETE	5.4 CH	Y-ST-ZIP .E			Change	Addition
NAME			6.2 NA	ſ				
	1							

6.3 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 eath; that I am an officer or director of the corporation or the receiver or trustee empoyered 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 algerment with an acting.