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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

1. Co	rporation	VIEN I Name NGRADA		;1	(3)					: (CENIANI BIT BIHT!)	AI DISH GIDH	RIÐU OGGALÐIÐU	BIŽNI NADI	
Principal Place of Business Mallin					lailing Address					i chlinici bia bient ildek erkik cikati il	01 #1011 B1014	BIRIS BIRIS MIRIS	<b>41411 1961</b>	
13321 - 56TH PLACE NORTH 13221 - 56TH PLACE NORTH ROYAL PALM BEACH FL 33411				13	13321 - 56TH PLACE NORTH 13221 - 56TH PLACE NORTH ROYAL PALM BEACH FL 33411-8357									
										<ol> <li>Date Incorporated or Qualified 01/26/1989</li> </ol>		ate of Last Re /01/1996	aport	
2. Prid 21	ncipal Pli	al Place of Business			28. Mailing Address				4. FEI Number 65-0099643		<del>- </del> -	plied For t Applicable		
Su:	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re			
	City & State				City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to			
Zıp	)	Country					Country			8. This corporation has liability for intangible tax Florida Statutes		tax under s.	ax under s. 199.032,	
			and Address of Curr		stered Agent	1901	T		1	0. Name and Address of New R				
	GER	BASI, DAF					81	Name			<del>_</del>			
13221 56TH PLACE NORTH ROYAL PALM BEACH FL 33411							82	Street Ad	ddress	(P.O. Box Number is Not Accepts	ble)			
	nui	AL PALM	DEAUN FL 33411				83						<del></del>	
							84	City			FL	85 Zip (	Code	
a	gent. Lar	o the provis egistered ag n familiar w	sions of Sections 607.0 gent, or both, in the Sta lith, and accept the obl	502 and 6 ate of Flori ligations c	307.1508, Florida Stat da. Such change wa of, Section 607.0505,	tutes, the is authoriz Florida St	above ed by atutes	e-named co the corpor s.	orpora oration	tion submits this statement for the s board of directors. I hereby acce	purpose o	of changing its pointment as	s registered registered	
SIGINA	ATURE	Signal we typico	i or printed name of registered	agent and title	e il applicable (N	OTE Registe	red Age	ni signalura red	quired w	rhen reinstating)	DATE			
12.		B	OFFICERS A	IND DIRE		13		···		ADDITIONS/CHANGES TO OFFI	CERS AND			
THLE		D OFDDA0	I IALIKI		☐ DELETE	1	TITLE					Change	Addition	
NAME		GERBAS	11, JUTIN 6TH PLACE NORTH	l		1	NAME							
	ADDRESS		PALM BCH FL	l .				ADDRESS						
CITY-SI TITLE	F · 7⊮P	D	ALM DON FL		DELETE		CITY-S	T-ZIP				Change	Addition	
NAME		_	II, DARLENE				NAME					Onlings		
	ADDRESS		6TH PLACE NORTH	1				ADDRESS						
CITY-SI			PALM BEACH FL		•		CITY-S			٠,				
TITLE					DELETE		TITLE				<del></del>	Сһапде	Addition	
NAME						3.2	NAME							
STREET	address					3.3	STREET	ADDRESS						
CITY-ST	1 - ZIP					3.4	. CITY-S	ST-ZIP						
TITLE					☐ DELETE	4.1	TITLE					Change	Addition	
NAME						4.2	2 NAME							
STREET	ADDRESS					4.3	STREET	AODRESS						
CHY-SI	1 - 214				ne eve		CITY-S	it-ZIP		·····		Change	A 22111 a	
TITLE					☐ DELETE	1	TITLE	-				Change	Addition	
NAME	MODERA					1	NAME	*DONTOS						
1	ADDRESS							ADDRESS						
CHY-ST	!-ZIP				DELETE		CITY-S	1 - ZIP				Change	Addition	
NAME					had been		NAME	.				- combo	· · · · · · · · · · · · · · · · ·	
	ADDRESS							ADDRESS						
	. DOM SS					0.0								

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Flock 13 if changed, or on any attachment with an address.

SIGNATURE:

HEQUALIFIED

Daytime Phone #

Date

**FILED** 

May 14 1997 8:00am

Secretary of State