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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

POCUMENT # K63270

(8)

Principal Plac	L CORPORATION De of Business	Mailing Address POST OFFICE DRAWER E DEERFIELD BEACH FL 33443	· ·			
•••					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address			02/03/1989 4. FEI Number	05/01/1996 Applied For
21	26				65-0104709	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
22 27			0.00			Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country	<i>y</i>	8. This corporation has liability for int	tangible tax under s. 199.032,
24	9, Name and Address of Cur		30		10. Name and Address of New Regi	Yes XX No
THO	MAS A. ROEGIERS		81	Name	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	oloro Agolii
33 N.W. 2ND STREET DEERFIELD BEACH FL 33441			82	Street Add	ress (P.O. Box Number is Not Acceptable	<u></u>
			:			,
			83			
			84	City		FL 85 Zip Code
11. Pursuant office or a	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 607, 1508, Florida Statutes ate of Florida. Such change was a digations of Section 607, 0505. Flor	s, the abov thorized by	e-named corp y the corpora	poration submits this statement for the purificult board of directors. I hereby accept	
SIGNATURE	Signature, typod or printed name of registered				red when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D				*.	Change Addition
NAME	J. DAVID ELLER		1.2 NAME		, F	
STREET ADDRESS	33 NW 2ND STREET DEERFIELD BEACH FL			ADDRESS		.*
CITY-ST-ZIP TITLE			1.4 CITY - S	S1-ZIP		C Channe C Augus
NAME			2.E TITLE 2.2 NAME		**	Change Addition
STREET ADDRESS	1		2.8 STREET	T ADDRESS	•	
CITY-ST-ZIP			2.4 CITY -			
TITLE			3.) TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.8 STREET	J		
CITY-ST-ZIP		DELETE	3.4. CITY-	S1-ZIP		
NAME			4.1 TITLE			Change Addition
STREET ADDRESS			4. 2 NAME 4.8 STREET	ADODECC		
CITY-ST-ZIP			4.9 STACET			,
TITLE			5.4 TITLE	(1 411		☐ Change ☐ Addition
NAME			5.P NAME			. ,
STREET ADDRESS			5.B STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST - ZIP		
TITLE		☐ DELETE	6.N TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	Į.		6.B STREET	ADDRESS		

SIGNATURE: David Eller 04-30-97 (954)426-1500

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