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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K64108

(9)

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May 12 1997 8:00am
Secretary of State

Principal Place of Business  Mailing Address  123 LAKESHORE Dr., APT. 1945 NORTH PALM BEACH FL 33408  Mailing Address  124 LAKESHORE Dr., APT. 1945 NORTH PALM BEACH FL 33408  Mailing Address  127 LAKESHORE Dr., APT. 1945 NORTH PALM BEACH FL 33408-3642										
	•					3. Date Incorporated or Qu	ualified	3a. Date of L		port
2. Princip	al Place of Business	2a. Mailing Address	<del></del>			02/08/1989 4. FEI Number		12/23/19		olied For
21	ALL DOM: OF ENDOUGHOUSE	26		÷	1	65-0176980				Applicable
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22		27				G. Certificate of Status Pec			ee Re	<del></del>
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<b>23</b> ] Zip	Country	28 Zip		intry		Trust Fund Contribution				Fees
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Α	LLEN, JAN	······································	· · · · · · · · · · · · · · · · · · ·	81 Nam		<u> </u>				
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	1945			Jan 31166	et Modress	S (P.O. BOX NUMBER 18 NOT)	carepianie,	,		
	I. PALM BEACH FL 33408			83				***************************************		***************************************
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ager l	LI am familiar with, and accept the o	.0502 and 607.1508, Florida Si State of Florida. Such change w obligations of, Section 607.0505	vas autnorize 5, Florida Sta	a by the ci tutes.	orporation	s board of pirectors. I herei	by accept t	1/25/2	-	
SIGNATUI	RE System, typed or perfect rame of registers		vas authorize 5, Florida Sta (NOTE Registere	d Agent signat		vhen reinstating)		423/9 BATE	7	
	RE System, typed or perfect rame of registers	nd agent and title 1 applicable.	(NOTE Registere	ed Agent signat				423/9 BATE	Z CTOR	
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I not hereby certify that the information supplied with his hilling does not qualify for the exhibitor stated in section 119.07(3)), Florida Statutes. 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 on 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 Block 13 if changed or on an attachnion with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Devime Phone # 0006137