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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

rincipal Place of Business 1587 SOUTHERN BLVD. DXAHATCHEE FL 33470	Mail 1624	(6) COUNTY, INC ing Address 3 E. CHELTENHAM AHATCHEE FL 3347	DR.			1154 5454 5454 5764 5454 5464	
,				3. Date Incorporated or Qualifi 04/26/1989		Date of Last F /12/1996	Report
Principal Place of Business	2a. 1	Mailing Address		4. FEI Number	1 00	<u> </u>	oplied For
Duite had the other	26		·	65-0115523			ot Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired
City & State		City & State		6. Election Campaign Financin	0		May Be
	28			Trust Fund Contribution			to Fees
Zip Country		Žip.	Country	8. This corporation has liability			. 199.032,
25) 9. Name and Address of Cu	rrent Registe	red Agent	[30]	Florida Statutes 10. Name and Address of New	Yes		
GOTTHELF, DEBORAH M.			B1 Name	10. 110/10 010 110/100/00 0/ 110/1	· magnatorea	Agont	
16243 E. CHELTENHAM DR. LOXAHATCHEE FL 33470			82 Street Ad. 83 84 City	Idress (P.O. Box Number is Not Acce	ptable)	85 Zip	Code
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S agent. I am familiar with, and accept the o 	7.0502 and 607 State of Florida abligations of 5	7.1508, Florida Stati I. Such change was Section 607.0505. F	ules, the above-named co authorized by the corpor ligida Statutes	orporation submits this statement for the ration's board of directors. I hereby a	he purpose o ccept the ap	of changing it pointment as	ts registered registered
GNATURE Signatine travel or period name of registers	o agent and title if s	applicable. (NC	TE: Registered Agent signature req	quired when reinstating)	DATE		
GNATURE Signative based or pointed name of registers to CFFICE RS		applicable. (NC	OTE: Registered Agent signature req		DATE	D DIRECTOR	RS IN 12
GNATURE Signal re-transfor pointed name of log store OFFICE RS LE DP	o agent and title if a	applicable. (NC	DTE: Registered Agent signature req	quired when reinstating)	DATE		RS IN 12
GNATURE Signation typed or pointed name of registers COFFICE RS LE DP BANASH, VIRGINIA M.	o agent and title if a	applicable. (NC	OTE: Registered Agent signature req	quired when reinstating)	DATE	D DIRECTOR	IS IN 12
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Mutorah M Muthuff

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Secretary of State

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