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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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_	_	_			_			

1. Corporatio	MENT # K8363; MAREE' OF DELRAY BEACH	\ /			
Principal Plac	e of Business	Mailing Address		<u> </u>	
450 E. ATLAN		450 E. ATLANTIC AVENU	ıF		
	CH FL 33483-4537	DELRAY BEACH FL 3348			
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
9 Principal D	lace of Business	2a. Mailing Address	·- <u>-</u>	04/26/1989 4. FEI Number	Applied Co.
21	Ido of Education	26		ł	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		65-0115652	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	rrent year Intangible
24	25	29	30		Yes No
	9. Name and Address of Curren	t Registered Agent	- Al N	10. Name and Address of New Registered	Agent
	risola, Joan M.		81 Name	GAILUP	
	DE. ATLANTIC AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DE	LRAY BEACH FL 33483-4537		83	DEG-AVE, SUITED	
			63		
			84 City	1 Beach	85 Zip Code 33483
44 Purouoret	to the provinces of Sections 607 050	2 and 607 1509 Florida Chatut	on the above named sour	PAY BEACH FL poration submits this statement for the purpose o	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corporat	tion's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Statutes	1 alu la	
SIGNATURE	M. J. CAIIUP Signature, typed or printed name of registered age	of and trie if applicable	E. Registered Agent significare requir	red when reinstaling) DATE	<i>/</i>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	MIRISOLA, JOAN M.		1.2 NAME		
STREET ADDRESS	740 E. OCEAN AVE.		1.3 STREET ADDRESS		•
CITY - ST - ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, L. E.		2.2 NAME		[
STREET ADDRESS	1400 S. JOYCE ST.		2.3 STREE1 ADDRESS		
CiTY-ST-ZIP	ARLINGTON VA		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	MIRISOLA, THOMAS		3.2 NAME		
STREET ADDRESS	707 NE 9TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		L DECEM	4.1 TITLE		Change C Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I 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 suppliemental 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 Block 13 if chapted, or on an attachment with an address.

FILED

Feb 23 1998 8:00am

Secretary of State