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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #	K87007	(6

(6) ·

Principal Place of Business

Mailing Address

8254-15 BAMA LANE
WEST PALM BEACH FL 33411

Mailing Address

WEST PALM BEACH FL 33411-3787

FILED Apr 22 1997 8:00am Secretary of State



WEST PALM BEACH FL 33411			WEST PALM BEACH FL 33411-3787									
								Date Incorporated or Qualif 05/10/1989		Date of L /12/19		oort
	lace of Business		f	ling Address			4. F	El Number		T		lied For
<u> </u>			26			·····		65-0118959	······································			Applicable
Suite, Apt.	. #, etc		27 Suite	e, Apt. #, etc.			5. 0	Certificate of Status Desired			75 Ad ee Req	lditional uired
City & Stat	te		City	& State			1	lection Campaign Financin		\$5	.00 M	lay Be
Zip		ountry	28		Countr			rust Fund Contribution			ided to	
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'		ddress of Curre		l Agent	1001			Name and Address of Nev				
	KE, HERSCHEL	T			81	Name						<u> </u>
	6 VICTORIA DR				82	Street Add	dress (P.C	D. Box Number is Not Acce	ptable)			
WE	ST PALM BEACH	FL 33406			83	ļ						
					0.5							
					84	City			FI	85	Zip Co	ode
1. Pursuant	to the provisions of	Sections 607.05	02 and 607 15	OB Florida Stati	utes, the above	e-named cor	rporation	submits this statement for ard of directors. I hereby a		of chance	ing its	registere
agent I a IGNATURE	an familiar with, and	the Color		100 607 .0505, F	Priori Statute	8. 			グマン・	-9	7	
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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 Block 13 if changed, or op an attaches power and address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-15-97

Daytime Phone #

0304975