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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88366

(5)

MORNING STAR FINANCIAL SERVICES, P.A.

FILED Mar 03 1997 8:00am Secretary of State

561-369-1004

| Principal Place of Business % RICHARD C CABLE 640 E OCEAN AVE SUITE 18   | Mailing Address  ** RICHARD C. CABLE 640 F OCEAN AVE SUITE 18                |   |   |  |
|--|--|---|---|--|
| BOYNTON BCH FL 33435<br>US   | BOYNTON BCH FL 33435<br>US   | 5-5052  | Date Incorporated or Qualified     05/16/1989           | 3a. Date of Last Report 04/24/1996   |
| 2. Principal Place of Business   | 2a. Mailing Address  |   | 4. FEI Number   | Applied For  |
| al   | 26   |   | 65-0103409  | Not Applicable   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired                        | \$8.75 Additional Fee Required   |
| City & State   | City & State   |   | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees  |
| Zip Country  | Zip  | Country   | 8. This corporation has liability for i                 |  |
| 4 25   | 29   | 30  |   | Yes No   |
| g. Name and Address of Curre<br>CABLE, RICHARD C.  | nt Registered Agent  | 81 Name   | 10. Name and Address of New Re                          | gistered Agent   |
| the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblice.  | e of Florida Such change was   | 84 City Bautes, the above-named constant of the corpor  | yorks Beach   | FL 85 Zip Code   |
|  | gations of, Section 607,0505, F  | ionda Siatoles.   |   |  |
| CICNATUDE  | •  | OTE: Registered Agent signature req   | juired when reinstating)                                | DATE   |
| SIGNATURE Style-after, type-from peritred name of registered ag  | •  |   | jured when reinstalling) ADDITIONS/CHANGES TO OFFIC     |  |
| SIGNATURE Signature, sylect or pented name of registered or pented name of the pented  | gent and title if applicable (NO   | OTE: Registered Agent signature req   |   |  |
| SIGNATURE  Signal are, type-d or pented rance of registered age  12. OFFICERS AN  TITLE PST D  CABLE, RICHARD C.   | gent and title it applicable (NO<br>ND DIRECTORS                             | DTE: Registered Agent signature reg   | ADDITIONS/CHANGES TO OFFICE                             | CERS AND DIRECTORS IN 12 Change Addition   |
| SIGNATURE  Signature, squeet or perited name of registered age  12. OFFICERS AN  INTE  PST D  CABLE, RICHARD C.  4149 ALPINIA CT NORTH   | gent and title it applicable (NO<br>ND DIRECTORS                             | DTE: Registered Agent signature reg   | ADDITIONS/CHANGES TO OFFICE                             | CERS AND DIRECTORS IN 12  Change   |
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