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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K91973

(3)

Mailing Address

JACK AUFDERHEIDE, INC.

		TILEL	J
Apr	16	1997	8:00am
Se	cre	tary o	f State

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% JACK AUFDERHE 424 MICHIGAN PLAC W PALM BEACH FL	CE	% Jack Aufderheide 424 Michigan Place W Palm Beach fl 3340)9-3844	3. Date incorporated or Qualified	3a. Date of Last Report
				05/26/1989	04/18/1996
2. Principa' Place o	of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0124757	Not Applicable
Suite, Apt #. etc	Ş.	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 24	Country 25	Zip 29	Country 30		Yes No
	Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
424 MIC	HEIDE, JACK HIGAN PLACE I BEACH FL 33409		81 Name 82 Street Add 83	dress (P.O. Box Number is Not Acceptate	ole)
			84 City		FL 85 Zip Code
11 Pursuant to the	provisions of Sections 607.0	502 and 607 1508 Florida Plat.	ites the shove-named cor	poration submits this statement for the p	
agent Lamitan	ruliar with, and accept the ob	ligations of, Section 607.0505, F	lorida Statutes. TE Registered Agent signature requ		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME AU STREET ADDRESS 42	JFDERHEIDE, JACK 4 MICHIGAN PLACE PALM BEACH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
1016	**************************************	☐ DELETE	21 TITLE	- 11,	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-SY-7IP	····	Dei exe	2. 4 CITY-ST-ZIP		The state of the s
TIPLE		[] DELETE	3.1 TALE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 1ITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - 20P			4.4 CITY-ST-ZIP		
THILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY - S1 - ZIP			5.4 CITY - ST - ZIP		
THLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		
information ind	Lucitori on the oregan in concellir	a numeriors optol apparet rapari in	ariso and apprecia and the	in Section 119.07(3)(i), Florida Statute at my signature shall have the same legs out as required by Chapter 607, Florida, KAGPOERNE	al office) on it made under eath, the