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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		Secretary of State Division of Corporations		Secretary of State	
DOCUN 1. Corporation	MENT # 1 3806	7 (9)		1 #\$ \$1100 # \$44 11/ \$ 1 \$011 # \$211\$ \$1111 1654	esar malu bisi nian bisi arah seki jeh
Principal Place of Business		Mailing Address		E 102 (IAI) ODA JINO JOKA POLID BYAK IBB!	Athit Bibit arffit Athit albit bibit iont
NGORDON L. DESON 1260 PARKSIDE AVENUE		%GORDON L. DESON 1260 PARKSIDE AVENUE			
BOCA RATON FL 33486 BOCA RATON FL 33488-		1	3. Date Incorporated or Qualified	3a. Date of Last Report	
				01/01/1990	05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl.	# ole	Suite, Apt #, etc.		65-0169898	Not Applicable \$8.75 Additional
22	r _i cu:	27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has tiability for it	Added to Fees
24	25	29	0		Yes No
	g, Name and Address of Curre	ent Registered Agent		10, Name and Address of New Re	gistered Agent
	ON, GORDON L.		61 Name		
1260 PARKSIDE AVENUE BOCA RATON FL 33486			82 Street Ad	dress (P.O. Box Number is Not Acceptab	ole)
	A IMIONIE GOTOU		63		
			84 City		85 Zip Code
	10 2 007.01	100 400 4500 51 11 61 1	,		FL
office or re	io the provisions of Sections 607.05 egistered agent, or both, in the Sta in familiar with, and accept the obli	te of Florida. Such change was au	thorized by the corpor	rporation submits this statement for the partion's board of directors. I hereby acceptions	of the appointment as registered
SIGNATURE	Signer trei typed or priced harte of registored a	agent and little if applicable (NOTE:	Registered Agent signature req	pulred when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TIBLE	D Deson, Gordon L.	DELETE	1.1 TITLE 1.2 NAME		Change Addition
NAME STREET ADORESS	1260 PARKSIDE AVENUE		1.3 STREET ADDRESS		
City-ST-ZIF	BOCA RATON FL		1.4 CITY - ST - ZIP		
THTLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
SIMFET ADDRESS			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 Title		☐ Change ☐ Addition
HAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CHY-SI-ZIP THLE		☐ DELETE	3.4. CITY - ST - ZIP		Change Addition
NAME.		- pective	4.7 TULE 4.2 NAME		C Citalge C roomon
STREET LADORESS			4.3 STREET ADDRESS		
City - ST - 7IP			4.4 CITY - ST - ZIP		
TITLE	·	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		,
CITY-SI-2P			5.4 CITY-ST-ZIP		
1HLF		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-SI-ZIP	ny certify that the information europ	ind with this filling does not qualiful	64 CITY-ST-ZIP	ed in Section 119 07(3)(i). Florida Statuto	S. I further certify that the
informatio t am an of appears it	n indicated on this annual report of flicer or director of the corporation in Block 12 or Block 13 if changed	supplemental annual report is tru or the eceive or trustee empowe on an attenment with an addre	le and accurate and the red to execute this repress.	ed in Section 119.07(3)(i), Florida Statute lat my signature shall have the same lege out as required by Chapter 607, Florida S	al effect as if made under oath; that statutes; and that my name

FILED

Apr 24 1997 8:00am