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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	# L	726	31

## **FILED** May 01 1997 8:00am Secretary of State

Principal Place 801 MEADOWS SUITE 118 BOCA RATON F	RD	Mailing Address 801 MEADOWS R SUITE 118 BOCA RATON FL					<b>11 111</b> 121 11 <b>11</b> 11
					3. Date Incorporated or Qualified 05/11/1990	3a, Date of Last 03/29/1996	
2. Principal Pla	ace of Business	2a. Mailing Addre	iss .		4. FEI Number		Applied For
21		26			65-0205034		Not Applicable
Suite. Apt. #	l, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired		Additional Required
City & State		City & State			6. Election Campaign Financing		O May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip		Country	8. This corporation has liability for		s. 199.032,
24	25	29	30		Florida Statutes  10. Name and Address of New El	Yes No	
0011	9, Name and Address of Cur	rrent Registered Agent	······	81 Name	10, Name and Address of New Po	egistered Agent	
	LER, ALEX MEADOWS ROAD				· · · · · · · · · · · · · · · · · · ·		
	E 118			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
	A RATON FL 33486			83		· · · · · · · · · · · · · · · · · · ·	
				84 City			p Code
					•		`. }
office or re agent. Lan	a the provisions of Sections 607.6 gistered agent, or both, in the St n familiar with, and accept the ob	tate of Florida. Such chang	a Siatutes, ir je was autho	rized by the corpora	poration submits this statement for the l	purpose of changing optithe appointment (	) its registered   es registered
SIGNATURE .							
SIGNATURE	Signature hyperbiol priored frame of registored	d agent and little if applicable		istered Agent signature requ	wred when reinstating)	DATE	
SIGNATURE s	Signature Typino or primed name of registered OFFICERS	d agent and life if applicable AND DIRECTORS	(NOTE Reg	istered Agent signature requi		DATE ICERS AND DIRECT	
SIGNATURE	Signature hyperbiol priored frame of registored	d agent and little if applicable	(NOTE Reg	istered Agent signature requ	wred when reinstating)	DATE	ORS IN 12 e
SIGNATURI S	OFFICERS  PTSD	d agent and life if applicable AND DIRECTORS	(NOTE: Reg	istered Agent signature requi	wred when reinstating)	DATE ICERS AND DIRECT	ORS IN 12 e
SIGNATURE S 12. TITLE NAME	OFFICERS  PTSD  SOLLER, ALEX	d agent and life if applicable AND DIRECTORS	(NOTÉ Reg	istered Agent signature requi 13, 1.1 TITLE 1.2 NAME	wred when reinstating)	DATE ICERS AND DIRECT	
SIGNATURE S  12. TITLE NAME SIFEET ADDRESS	OFFICERS PTSD SOLLER, ALEX 801 MEADOWS RD #118	d agent and life if applicable AND DIRECTORS	(NOTÉ Reg	isiared Agent signature requi 13, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	wred when reinstating)	DATE ICERS AND DIRECT	ORS IN 12 e Addition
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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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

0338318