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

| DOC | UMEN | JT# | 199437 |
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| Suite. Apt. # ctc. Suite. Apt. #, etc. | 2. Principal Plat 21 Suite Apt # 22 City & Stale 23 Zip 24 CIBUI 1551 SUITE WEST 11. Pursuant to office or regagen I am SIGNATURE 5: | 33403 | I AKP PAMK PI KSHIS-YIG | 10 | | |
|--|---|--|--|---|--|--|
| 2. Principal Flace of Business | 21] Suite Apt # 22] City & Stale 23 Zip 24 CIBUI 1551 SUITE WEST 11. Pursuant to office or regagen! I am SIGNATURE. | | | 12 | 3. Date Incorporated or Qualified 13a | Date of Leet Report |
| Suite. Apt. if. cit. City & State City & | 21] Suite Apt # 22] City & Stale 23 Zip 24 CIBUI 1551 SUITE WEST 11. Pursuant to office or regagen! I am SIGNATURE. | | | | | 4/12/1996 |
| Suite, Apt. # ctc. Suite, Apt. # ctc. 27 | Suite Apt # 22 City & Stale 23 Zip 24 CIBUI 1551 SUITE WEST 11. Pursuant to office or regagen! Lam SIGNATURE. Si 12. | ce of Business | —————————————————————————————————————— | | | |
| City & State | City & State 23 Zip 24 CIBUI 1551 SUITE WEST 11. Pursuant to office or regagen Lam SIGNATURE. Signature. | etc. | | | | |
| Zip Country Zip Country St. This corporation has liability for intangible tax under s. 199.032, Profess Statutes Yes No. Name and Address of Current Registered Agent 10. Name and Address of New R | Zip Zip CIBUI 1551 SUITE WEST 11. Pursuant to office or regagen I am SIGNATURE. | | | | | Fee Required |
| Zip | Zip CIBUI 1551 SUITE WEST 11. Pursuant to office or regagen I am SIGNATURE. Si | | | | · · · · · · · · · · · · · · · · · · · | \$5.00 May Be |
| Second Part | CIBUI 1551 SUITE WEST 11. Pursuant to office or regagen Lam SIGNATURE. | Country | | Country | | |
| CIBULA, FRANK G., JR. ESQ. 1551 FORUM PLACE SUITE 2000 WEST PALM BEACH FL 33401 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent carbon transfer with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Suprimer lyined or granded more of registered agent agent and site if applicable. (NOTE: Registered Agent signature required when renatisting) DITE 12. OF FICE AS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DITE DITE DITE 14. CITY-ST-ZIP DITE DITE DELETE 14. CITY-ST-ZIP DELETE 33. SIRRET ADDRESS CITY-ST-ZIP DELETE 34. CITY-ST-ZIP DELETE 41. TITLE Change Addition Change Addition Change Addition Add | 11. Pursuant to office or regagent Larm SIGNATURE. | | | 30 | | |
| 1551 FORUM PLACE SUITE 2000 WEST PALM BEACH FL 33401 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent are familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Superior typied or profest name of registered agent and the if applicable. (NOTE Registered Agent algorithm required when rematating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DELETE 1.1 TITLE DELETE 1.1 STREET ADDRESS CITY-ST-2IP DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE Change Addition Change Addition SIRRET ADDRESS CITY-ST-2IP DELETE 3.1 TITLE CHANGE 3.3 SIRRET ADDRESS CITY-ST-2IP DELETE 3.1 TITLE CHANGE Addition Change Addition Addition Change Addition Ad | 11. Pursuant to office or regagent Larm SIGNATURE. | | r negistered Agent | B1 Name | 10. Name and Address of New Registere | u Agent |
| WEST PALM BEACH FL 33401 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent are familiar with, and accept the obligations of Sections 607.0505, Florida Statutes. SIGNATURE Suprimer lyand or 3 reflect manual of registered agent aim bit of applicable (NOTE Registered Agent signature required when rematating) DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IIILE D | 11. Pursuant to office or regagent it am SIGNATURE Si | FORUM PLACE | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Superior syndrom s | 11. Pursuant to office or reg agent it am SIGNATURE. Si. | | | | To the second of | |
| TI. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent is am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Superiore typical or a reflect name of registered agent and site if applicable. (NOTE Registered Agent algorithus required when renatating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IIILE DELETE 1.1 TITLE Change Addition MELTON, USA 400 GUIL CT 1.3 STREET ADDRESS CITY-S1-2IF DELETE DELETE DELETE 1.4 CITY-S1-2IP DELETE 2.1 TITLE Change Addition Addition A442 BAMBOO RD PALM BCH GDNS FL DELETE 3.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-S1-2IP DELETE 3.3 STREET ADDRESS CITY-S1-2IP DELETE 3.4 CITY-S1-2IP DELETE 3.5 STREET ADDRESS CITY-S1-2IP Change Addition Addi | SIGNATURE. | I PALM BEACH FL 33401 | | 83 | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent are stated with, and accept the obligations of Section 607.0508, Florida Statutes. SIGNATURE Superium typical or standard name of registered agent and tise if applicable. (NOTE: Registered Agent algoritum required when rematating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INLE NAME MELTON, USA 12. NAME STREEL ADDRESS CITY-S1-2IF TILLE D D DELETE 1.1 TITLE D LEETE 1.1 STREEL ADDRESS CITY-S1-2IF TILLE D DELETE 2.2 NAME Addition Addition NAME RUTHERFORD, ADA 442 BAMBOO RD PALM BCH GDNS FL 2.3 STREET ADDRESS CITY-S1-2IF TILLE DELETE 3.3 STREET ADDRESS CITY-S1-2IF TILLE C Change Addition | SIGNATURE. | | | 84 City | F | 85 Zip Code |
| SIGNATURE Squarture typical or planet invite of registered agent and title if applicable. (NOTE: Registered Agent signature required when renotating) DATE | SIGNATURE. | the provisions of Sections 607.050 | 2 and 607.1508, Florida Statul | tes, the above-named | | of changing its registered |
| 12. OFFICERS AND DIRECTORS IN 12 IIILE D | 12. | familiar with, and accept the obliga | ations of Section 607.0505, FI | orida Statutes. | onation's board of directors. Thereby accept the at | opolintment as registered |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 12. | tunature, typed or united many of registered age | of and title if applicable. (NO) | F Registered Apent signature | required when reinstation). DATE | |
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| CLTY-SI-ZIF N. PALM BEACH FL 1.4 CITY-SI-ZIP TITLE D DELETE 2.1 TITLE NAME RUTHERFORD, ADA 2.2 NAME SIRGET ADDRESS CLTY-SI-ZIF PALM BCH GDNS FL 2.4 CITY-SI-ZIP TITLE DELETE 3.1 TITLE DELETE 3.2 NAME STREET ADDRESS CHY-SI-ZIF 3.3 STREET ADDRESS 3.3 STREET ADDRESS 5.4 CITY-SI-ZIP TITLE DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS 3.3 STREET ADDRESS 5.4 CITY-SI-ZIP TITLE DELETE 3.4 CITY-SI-ZIP TITLE DELETE 4.1 TITLE DELETE ADDRESS 5.4 CITY-SI-ZIP |]] | | | | | |
| THE D DELETE 21 TITLE Change Addition NAME RUTHERFORD, ADA 22 NAME SIREET ADDRESS CITY - ST - ZIP THLE NAME STREET ADDRESS CITY - ST - ZIP THLE NAME | 0 | | | | | |
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| | STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

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 of changed, or on an attachment with an address.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

FILED

Mar 28 1997 8:00am

Secretary of State

840-1956