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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997		II LEE	DIVISION OF	CORPORA	TIO	NS					
1. Corporation		# MOO4 al advisors.		(0)								
AAIIA I EA	T LINVINON	T VOLIGOLIO!	1110-						T 1889889 AF 88AH 88AH 88AH 818A AK	<b>                                    </b>		
Principal Plac	ce of Business		Mailing A	ddress			<del></del>	4				
2300 CORPORATE BLVD. #137 2300 CORPORATE BLVD. #137									•			
BOCA RATON	l FL 33431		BOCA RA US	TON FL 33431-	736€							
00			50					3.	Date Incorporated or Qualified 05/10/1984		te of Last R 30/1996	leport
	lace of Busine	SS	<b>├</b> ¬	g Address				4.	FEI Number		Ar	plied For
Suite, Apt	# ptc		26	Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			-	59-2418259		\$8.75	ot Applicable
22	w, etc.		27	Apr. w, etc.				5.	Certificate of Status Desired			equironal Pariupe
City & Sta	te			State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zφ		Country	Zip		Cour	ntry	<del></del>	8.	This corporation has liability for			
24		5	29		30		<del></del>		Florida Statutes	Yes	No	
DE		ind Address of Cu ED AGENT COR		\gent		81	Name	10.	Name and Address of New Re	gisterea /	Agent .	
	N REGISTER		PONATION		L	82		(D	O Day N. Johan in Mat Assental	Ha)		<del></del>
	ITE 137				ľ	02	Street Addr	<b>US</b> S (P	O. Box Number is Not Acceptal	oie)		
B0	CA RATON I	L 33431				<b>B3</b>						
						84	City			FL	85 Zip	Code
11. Pursuant office or agent. I a SIGNATURE	registered age am familiar with	nt, or both, in the S i, and accept the o	tate of Florida. Suc bligations of, Section	ch change was on 607.0505, F	authorized Iorida Statu	l by ites	the corporat	tion's E	n submits this statement for the poard of directors. I hereby acce	pt the app	changing It ointment as	ts registered registered
12,	Signatus, Typed o	r printed name of registere OFFICERS	d agent and title if applica AND DIRECTORS		OTE: Registered	Ager	nt signature requir		reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	RS IN 12
THEFE	PD	0.7102.10		DELETE	1.1 1)11	LE		<u>-</u>	3511010001111025100111	001.07.10	Change	Addition
NAME	WINTER,				1.2 NA	ME						
STREET ADDRESS		RPORATE BLVD,	<b>#</b> 137				ADDRESS					
CITY-ST-ZIP TITLE	DUCA NA	TON FL 33431		DELETE	1.4 CIT		T-ZIP			<del></del>	Change	Addition
NAME	}			C3 been	22 NAI		)					
STREET ADORESS					2.3 STF	REET	ADDRESS		;; ;			
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TITLE				L_ DELETE	3.1 TIT		ļ				☐ Change	Addition
NAME STREET ADDRESS					3.2 NA		ADDRESS					
CHY-SI-ZIP	1				3.4. CI							
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NAME	Ì				4.2 NA	ME	}					
STREET ADDRESS							ADDRESS					
CHY-ST-7IP TITLE	<del> </del>			DELETE	4.4 CiT 5.1 TiT		T-ZIP		······································		Change	Addition
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STREET ADDRESS	1				. I		ADDRESS					
CITY-ST-ZIP	**				5 4 CIT		1	·····	·	····		
TITLE				DELETE	6.1 TIT		-				Change	Addition
NAME STREET ADDRESS					6.2 NA		ADDRESS					
							minument 1					

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 cath; 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.

6.4 CITY-ST-ZIP

SIGNATURE:

4/15/97 (561)994-0402

**FILED** 

Apr 18 1997 8:00am

Secretary of State