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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

ANNL	RPORATION JAL REPORT 1997		Sandra B. Mortham Secretary of State Division OF CORPORATIONS					Secretary of State				
1. Corporation	n name	M56883 MENT CORPOR	(5) RATION V.					s kadisden ski divise divat ididi (dibe ini	alust viņi i	llein Brein Sibri	. Alàn ISBI	
Principal Place 5610 PGA BLV SUITE 114 PALM BEACH			Maiting Address 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS FL 33418-3838									
US			US		·,			 Date Incorporated or Qualified 08/05/1987 		te of Last F 25/1996]
	lace of Business	}.	2a. Mailing Address				1	4. FEI Number 65-0004951			oplied For of Applicable	4
Suite, Apt.	#. etc.		Suite, Apt. #, etc.	····				Certificate of Status Desired		\$8.75	Additional equired	
City & State	e		City & State		, <u>-</u> -			6. Election Campaign Financing			May Be	1
23 ∫ Zip	T Co	untry	Z(p	Co	untry			Trust Fund Contribution 8. This corporation has liability for	<u> </u>		to Fees	-{
24	25	· · · · · · · · · · · · · · · · · · ·	29	30			İ	Florida Statutes	Yes [] No	. 199.032,	1
		idress of Current Re	egistered Agent					0. Name and Address of New Re	gistered /	Agent]
	BATELLO CARL M				81	Name						ì
	0 PGA BLVD SUIT TE 109 Delek				82	Street A	ddress	(P.O. Box Number is Not Acceptat	le)			7
	M BEACH GARDE				83	 						7
	, , , , , , , , , , , , , , , , , ,				84	<u> </u>				12-1 3:	C	4
					1.1	City			FL	1 .	Code	
11. Pursuant I	to the provisions of sequent, or	Sections 607,0502 ar	nd 607.1508, Florida Statut	es, the a	above	named c	oration	ition submits this statement for the part of directors. I hereby accept	urpose of	changing in	s registered	1
agent La	m familiar with, and	accept the obligation	ns of, Section 607.0505, Flo	orida Sta	tutes	i.					rugioiorea	
SIGNATURE	Signature, typed or rainled	name of registored agent an	d title if applicable (NOT	Register	ed Ane	nt signature re	equired v	then reinstating)	DATE			
12.		OFFICERS AND D		13.	<u> </u>			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	18
TITLE	DP		☐ DELETE		1.1 TISLE					Change	Addition	90/0/
NAME	SABATELLO, C			1.21	NAME	}						F034
STREET ADDRESS	5610 PGA BLV PALM BEACH (ADDRESS						Ĭ
CITY-ST-ZIF	DP	MINDENS FL	DELETE		CITY-S	T-ZIP				Change	Addition	_\a
NAME	SABATELLO, TI	HEODORE				2.2 NAME				La change	round	
STREET ADDRESS	5610 PGA BLVD SUITE 114		Ī		2.3 STREET ADDRESS							
C17Y - S1 - ZIP	PALM BCH GRONS FL				2. 4 CITY - ST - ZIP							
THLE	DS		☐ DELETE	3.11	3.1 TITLE					Change	Addition	
NAME	SABATELLO, MICHAEL		32									-
STREET ADDRESS	5610 PGA BLVD SUITE 114 PALM BCH GRDNS FL		•			ADDRESS						1
CITY - ST - ZIP TITLE	DV DELETE			3.4. CITY-\$T-ZIP 4.1 TITLE					Change	Addition	-	
NAME	SABATELLO, PA			•	4.2 NAME					CT Overigo	, Agonton	
STREET ADDRESS	5610 PGA BLVD SUITE 114				3 STREET ADDRESS							
CITY-ST-ZIP	PALM BEACH F	LM BEACH FL 444		CITY-S	1							
TITLE			☐ DELETE	5.1	TATLE					Change	Addition	1
NAME				5.2 NA		ſ				()	3	1
STREET ADDRESS						reet address				LPY!	\mathcal{N}	
CITY ST - ZIF			☐ DELETE			Y-ST-ZIP				Change	Addition	4
11TLE NAME			T) bereig			iame		20000217 -05/08/97010	<u>'06</u>	- Lugarine	ואטוווטטא נייז	
STREET ADDRESS						ADDRESS		-05/08/97010	080	26		
5.00 pr 20								***165.00				1

6.4.CITY-ST-ZIP

fed with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Tupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that longither cervier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name wrongen attachment with an address. 14. I do hereby certify that the information supplied information indicated on this annual report of the lam an officer or director of the corporation of appears in Block 12 or Block 13 if changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SOBRETION DELLE DE DELLE DE DELLE PROPERTIES DE DELLE DELLE DE DELLE DE

FILED

May 05 1997 8:00am