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 # M57588

(9)

POWELL	. HEALTY, ING					
Principal Place	e of Business	Mailing Address		····		
2200 N FEDERAL HWY #230 2200 N FEDERAL HWY # BOCA RATON FL 33431 BOCA RATON FL 33431-7						
					3. Date Incorporated or Qualified 08/18/1987	\$a. Date of Last Report 04/29/1998
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2838427	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζφ	Country	Zip	Counti	ry	8. This corporation has liability for	
24	25	29	30	· · · · · · · · · · · · · · · · · · ·		Yes No
DOU	9. Name and Address of Current	registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent
POWELL, LORRAINE A. 3912 S. OCEAN BLVD. #210						
	2 S. OCEAN BLVD. #210 HLAND BEACH FL 33487		8:	2 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)
HVI	TUANU DEAUN EL 30707		8:	3		
			84	4 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	tutes, the abo	ve-named corp	oration submits this statement for the p	ourpose of changing its registered
agent, flar	egistered agent, or both, in the state in the state in the abligation has been the obligation and accept the obligation in the state in	of Florida. Such change wa itions of, Section 607.0505,	as authorized i , Florida Statuti	by the corporati es.	ion's board of directors. I hereby accer	of the appointment as registered
SIGNATURE	man and the second seco	M S. A	************************			
	Signature: typed or printed name of registered ager OFFICERS AND			gent signature require		DATE
12. TITLE	DP OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	POWELL, HENRY		1.2 NAME			Mildige Sun riveries :
STREET ADDRESS	0040 0 00F111 B110 #040			ET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL		1.4 CITY-			}
TITLE		☐ DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			2.2 NAME	:		
STREET ADDRESS			2.3 STREE	ET ADDRESS		
CITY+S1-ZIP			2. 4 CITY	-ST-ZIP	·	
TITLE	·	☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		□ br. frr	3.4. CITY			
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4, 2 NAM			
STREET ADDRESS				ET ADORESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE			Change Addition
NAME			5.2 NAME			hand Ottorigo hand recovered
STREET ADDIRESS				ET ADDRESS		
CITY - ST - ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME		_	6.2 NAME			
STREET ADDRESS			6.3 STREE	ET ADDRESS		

6.4 CITY-ST-ZIP 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 bustee 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, of on an attachment with an address.

Henry Powell Pres.

SIGNATURE:

CITY - ST - ZIP

4/19/97

(561) 994-5600

Daytime Phone #

FILED

Apr 25 1997 8:00am

Secretary of State