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PROFIT CORPORATION ANNUAL REPORT

1997

海内场行动,机造品

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M59684

(4)

TALBOTT ENTERPRISES OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



Principal Flace	e of Braniess	Maining Address				
2255-OLADES BOGA-RATON-		2255 GLADES RD. STE-31 BOCA RATON FL 33431-73	•			
				3. Date Incorporated or Qualified 09/24/1987	3a. Date of Last Report 07/03/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
27 E	BOXA ROTON Rd	26		65-0031228	<u> </u>	Vot Applicable
Suite, Apt. (Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State	ROTON FL	City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees
210 21334	32 25 (15A	Zip 29	Country 30	This corporation has fiability for Florida Statutes	intangible tax under Yes No	s. 199.032,
<u> </u>	p. Name and Address of Current		<u> </u>	10. Name and Address of New Re		
2255 BOC 11, Pursuant t office or re agent. I ar	BOTT, GREGORY K. 5 GLADES RD. STE 311E CA RATON FL 33431 To the provisions of Sections 607.0502 agistered agent, or both, in the State of the amiliar with, and accept the obligations.	and 207.1508, Florida Statuto f Florida, Such change was a ions of, Section 607.0505, Flo	83 84 Gity es, the above-named uthorized by the corp	Address (P.O. Box Number is Not Acceptate SCX A FOTON Corporation's board of directors, I hereby acceptate the population's board of directors, I hereby acceptation's board of directors.	FL 85 Zip) Code 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
SIGNATURE	Signature, typed or printed name of registered agent	and tille if applicable. (NO1E	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELE1E	1.1 TITLE		Change	Addition
NAME	TALBOTT, GREGORY K.		1.2 NAME		1	
STREET ADDRESS	2255 GLADES RD, STE-811E		1.3 STREET ADDRESS	III E BOCA ROTON	Boad	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP	BOLA RATON FL	33437	
TITLE		☐ DELETE	2.1 TOTLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME		-	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	14, 14	DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	, i		
. CITY-ST-ZIP			4.4 CITY- ST - ZIP			
TITLE		DELETE	51 TITLE		☐ Change	Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET ADDRESS	· ·		
CITY-ST-ZIP	/)		5.4 CITY+ST-ZIP	*		
TITLE		DELÉTE	6.1 TITLE		Change	Addition
NAME	\leftarrow		6.2 NAME		v.u.igo	
	\mathcal{A}					
STREET ADDRESS	<i>\forall \tau\</i>		6.3 STREET ADDRESS			
CITY-ST-ZIP	w cortily that the first of the	will this filing does not available	6.4 CITY-ST-ZIP	lated in Section 110 07/2V/) Floride Statute	se. I further certify the	at the
Information I am an of appears in	by certify that international applications in indicated on this annual report or sufficer or director of the corporation or to Block 12 or Block 13 if changed, or	promental annual report is tr in receiver or trustee empowent on an altachment with an add	ue and accurate and ored to execute this in the second to execute this in the second the	lated in Section 119.07(3)(i), Florida Statute t that my signature shall have the same leg- report as required by Chapter 607, Florida S	al effect as if made u Statutes; and that my	nder oath; that name