## 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 # M62672

(4)

**FILED** 

Apr 22 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address  7280 W PALMETTO PARK RD 7280 W PALMETTO PARK RD SUITE 201 BOCA RATON FL 33433 BOCA RATON FL 33433-3401					3. Date Incorporated or Qualified 3a. Date of Last Report				
						11/17/1987		2/1996	•
2. Principa	Place of Business	2a. Mailing Addre	ess			4. FEI Number		A	pplied For
21	10 pile	26				65-0021018	·····		ot Applicable
Suite, Ap	pt #, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional equired
City & S	tate	City & State	***************************************			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			3. 199,032,
24	25	29	30				Yes [		
	g. Name and Address of Curr	ent Registered Agent		<b>54</b> ] ))		10. Name and Address of New Re	gistered A	<u>jent</u>	
	RANKE, INGRID A			B1 Nam	ie	. •			
	280 W. PALMETTO PARK ROAD UITE 201			82 Stree	et Addre	ss (P.O. Box Number is Not Acceptal	ole)		
	OCA RATON FL 33433			83					
l				84 City				<b>85</b> Zip	Code
	ant to the provisions of Sections 607.05						FL	1	
agent SIGNATUR	th to the provisions of sections do not registered agent, or both, in the Sta 1 am familiar with, and accept the obline to the state of the section of the s					d when reinstating)	DATE		+
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTOR	RS IN 12
TITLE	M	☐ DE	LETE 1,1 TI	rlē				Change	Addition
NAME	FRANKE, INGRID		1.2 N/	ME					
STREET ADDRES	· · · · · · · · · · · · · · · · · · ·	).	1.3 \$1	REET ADDRES	s				
CHY-SY-7IP	BOCA RATON FL		1.4 CI	TY-ST-ZIP					
THELE	D	☐ DE	LETE 2.1 Tr	TLE				Change	Addition Addition
NAME	KROPKA, CHRISTOPHER		22 N/	AME					
STREET ADDRES			23 \$1	HEET ADDRES	s				
CITY-ST-74P	TORONTO, CANADA			ITY-ST-ZIP					
TriLE	STD	L_] DE	LETE 3.1 Tr	TLE			. L	Change	Addition
NAME	TIKAL, MANFRED A.		32 N						
STREET ADDRES				REET ADDRES	s				
City - ST - ZIP	TORONTO, CANADA	TTRE		ITY-ST-ZIP			······	1 01	4.449.0
HILE		[_] DEI	1		}		Ļ	Change	Addition
NAME			4 2 N						
STREET ADDRES	55			reet adores	s				
CHY-SI-ZIP		□ D€		TY-ST-ZIP				Change	Addition
TITLE NAME	1	į, lik			ļ		L	- Orionite	Augmen
	·		5.2 N						
STREET ADDRES	ss		1	REET ADDRES	9				
CITY ST-ZIP	-	DEI		TY-ST-ZIP II F	+			Change	Addition
NAMÉ	1	Hard DE	6.2 N/		Ì		L		
STREET ADORES	cc		l l	reet adores	25				
1					<u>"  </u>				
CHTY-ST-ZIP			D.4 U	TY-ST-ZIP	1	in Continu 110 07/2/// Florido Ctatute			

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 if changog or on an attachment with an address.

SIGNATURE:

Daylime Phone #