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 # M92404

(6)

Principal Place of Business Mailing Address 606 N OLIVE AVE W PALM BEACH FL 33401 Mailing Address W PALM BEACH FL 33401-4013								
					3. Date Incorporated or Qualified	3a. Date of		ort
9 Dringing I	Diago of Dispires	2a. Mailing Address			07/29/1988 4. FEI Number	01/25/1		in al Cara
	Principal Place of Business 2a. Mailing Address 26							ied For Applicable
Suite, Apt	# etc	Suite, Apt. #, etc.				- \$8	.75 Add	
22		27			5. Certificate of Status Desired		Fee Requ	
City & Sta	to	City & State		,	6. Election Campaign Financing	\$	5.00 M	av Re
23		28			Trust Fund Contribution		dded to I	
Zıp	Country	Zφ	Countr	У	8. This corporation has liability for		nder s. 19	99.032
24	25	29	30			Yes No		
	9. Name and Address of Curre	ent Registered Agent		.1	10. Name and Address of New Re	gistered Agen	<u> </u>	
	ERMAN, JUDY		8	I Name				
221 MONROE DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
WE	ST PALM BEACH FL 33405		83					
				'				
			84	City		FL 85	Zip Co	de
SIGNATURE 12.	Signatus impedior proved name of registered a OFFICERS A	igent and the Cappicable (N ND DIRECTORS	OTE: Registered Ac	gent signature requi	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	J- 8- 7 DATE DERS AND DIRE		IN 12
TITLE	Р	☐ DELETE	1.1 THILE				hange	Addition
NAME	EVERMAN, JUDY		1.2 NAME	:				
STREET ADDRESS			1.3 STREE	T ADDRESS	•			
CITY-S1-ZIP	W PALM BEACH FL	100,575	1.4 CITY					
TITLE	VP	DELETE	2.1 TITLE			L., 0	hange [Addition
NAME	MEEK, DEBORAH	ıE	2.2 NAME					
STREET ADDRESS	5570 GOLDEN EAGLE CIRC PALM BEACH GARDENS FL	LE .		ET ADDRESS				
CITY-ST-7/P TITLE	LATM DEVOU GAUDENS LE	DELETE	2 4 CITY 3.1 TITLE			По	hange	Addition
NAME		DECEME	3.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CHTY	1				
TITLE		☐ DELETE	4.1 TITLE				hange [ADDITION
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-21P		·····		
TITLE		DELETE	5.1 TITLE				hange	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREI	T ADDRESS				
CiTY+ST-ZiP		T ones	5 4 CITY-				hones	g alabia =
TITLE		DELETE	6 1 TITLE			Щ	hange	Addition
NAME			6 2 NAME					
STREET ADDRESS	1		■ 63 STRE	FT ADDRESS				

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 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.

SIGNATURE:

1-8-91 (541)659-7447

FILED

Jan 16 1997 8:00am

Secretary of State