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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44618

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Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State City & State Zip Country Zip Zip Country Zip Zip Country Zip Zip Country Zip Country Zip Address of Current Registered Agent MARKELL, LAWRENCE J. 7280 W. PALMETTO PARK RD., STE 202N BOCA RATION FL 33343 B3 City Street Address (P.O. Box Number is Not Acceptable) B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) B3 Singular Lam familiar with, and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change agent. Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, lyced or presed name of regressed Agent and the 6 appointment agent. Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, lyced or presed name of regressed Agent and the 6 appointment agent. Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, lyced or presed name of regressed Agent and the 6 appointment agent. Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, lyced or presed name of regressed Agent and the 6 appointment agent agen	Not Applicable 75 Additional se Required .00 May Be ded to Fees der s. 199.032,
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MARKELL, LAWRENCE J. 7280 W. PALMETTO PARK RD., STE 202N BOCA RATON FL 33343 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the corporation submits this statement for the purpose of change agent. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of change office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of change of registered agent, and the flappicative (NOTE Registered Agent agent agent agent and the flappicative (NOTE Registered Agent agent agent required when reintating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CRIV. ST. ZIP MAME STREET ADDRESS GITY-ST-ZIP BOYNTON BEACH FL 1.2 NAME STREET ADDRESS GITY-ST-ZIP TID DELETE 1.3 TITLE Change Chiry-ST-ZIP DELETE 3.1 TITLE Chiry-ST-ZIP DELETE 3.1 TITLE Chiry-ST-ZIP STREET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP DELETE 3.1 TITLE Chiry-ST-ZIP DELETE 3.1 TITLE AMME SILVERMAN, FRED 3.2 STREET ADDRESS GITY-ST-ZIP BOYNTON BEACH FL 3.3 STREET ADDRESS GITY-ST-ZIP BOYNTON BEACH FL 3.4 CRITY-ST-ZIP DELETE 3.5 TITLE AMME SILVERMAN, FRED 3.5 STREET ADDRESS GITY-ST-ZIP BOYNTON BEACH FL 3.4 CRITY-ST-ZIP AMME SILVERMAN, FRED 3.5 STREET ADDRESS GITY-ST-ZIP BOYNTON BEACH FL 3.4 CRITY-ST-ZIP AMME SILVERMAN, FRED 3.5 STREET ADDRESS GITY-ST-ZIP AMME SILVERMAN, FRED 3.5 STREET ADDRESS GITY-ST-ZIP AMME SILVERMAN, FRED 3.5 STREET ADDRESS ALCITY-ST-ZIP AMME SILVERMAN, FRED 3.5 STREET ADDRESS ALCITY-ST-ZIP AMME SILVERMAN, FRED 3.5 STREET ADDRESS 3.5 STREET ADD	Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change depth. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent sonature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE PD DELETE 11 TITLE CREATED	Zip Code
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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 mad a man officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that appears in Block 12 or Block 13 if changed, or an an attachment with an address.	nge Addition

SIGNATURE:

Treat delicement

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561-7345000

FILED

Mar 03 1997 8:00am

Secretary of State