FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9400000177 (5)

Principal Place 19801 HAMPTOL BOCA RATON F	n drive	Mailing Address 9901 HAMPTON DRIVE SUITE C-1-2									
US		BO US	CA RATON FL 33434-2	854				Date incorporated or Qualified 01/05/1994		of Last R 5/01/19	
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number 65-0459810	<u> </u>		plied For at Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State)		City & State			•		6. Election Campaign Financing		\$5.00	
23 Zip	Country	28	Zip	Cou	intry			Trust Fund Contribution	[]	Added	
24	25	29		30		_		This corporation has liability for i Florida Statutes	Yes		. 199.032,
	Name and Address of Current	nt Regis	tered Agent					10. Name and Address of New Re	gistered Ag	ent	
					81	Name					
BLAKE, GARY S. 515 NORTH FLAGLER DRIVE						Street	Addres	ss (P.O. Box Number is Not Acceptable) South Olive Avenue, Suite			.368
PAVILON SUITE 300						L. CO.	_	777	70-0-1	<u> </u>	
WEST PA	ALM BEACH FL 33401				84	City			FI	85 Zip	Code
11. Pursuant t	o the provisions of Sections 617.05	02 and 6	17.1508. Florida Statu	tes the a	Ll hove	named	corpo	ration submits this statement for the p		hanging it	s registered
office or re	egistered agent, or both, in the State	e of Flori	da. Such change was	authorize	d by	the corp	ooratio	retion eubmits this statement for the p n's board of directors. I hereby accep	t the appoi	ntment as	registered
	ir familiai with, and accept the oblig	ganons o	1, 360001 417.0303, 1	onda Sia	lutes).					
SIGNATURE .	Signature: type-d or printed hame of rugistered &	jen: and tilk	if applicable (NO	TE Registere	d Age	nt signature	required	(when reinstating)	DATE		
12.	OF LICERS A	ND DIRE	CTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	RS IN 12
TITLE	VD		☐ DELETE	1.1 T	ITLE		D		2	Change	☐ Addition
NAME	WEINSTEIN, LORI			1.2 N	AME						
STREEL ADDRESS	22154 MARTELLA AVENUE			1.3 S	TREET	ADDRESS	[
CITY - ST - ZIP	BOCA RATON FL			1.4 0	IY-S	T - ZIP				_	
TITLE	VD		☐ DELETE	2.1 T	TLE		PI	D	2	Change	Addition
NAMÉ	WASSERMAN, JACI			2.2 N	AME						
STREET ADDRESS	33340 HOLLYHOCK TR			2.3 \$	TREET	address					
CITY - S1 - ZIP	BOCA RATON FL		V			ST-21P	 			1 0	
TITLE	PD SIGNATED SIGNATED		DELETE	3.1 ₹			-		L	Change	Addition
NAME	SCHUSTER, RICHARD			3.2 N							
STREET ADDRESS	21300 PLACIDA TERR					ADDRESS					
CITY - ST - ZIP	BOCA RATON FL		Detete			ST-ZIP				T Chres	
TIIteF	TD FOAT		☐ DELETE	4.1 T					L	Change	Addition
NAME	KOWLER, FRAN				VAME	4000					
STREET ADDRESS	9296 LAKE SERENA DR					ADDRESS					
CHTY - ST - ZHP	BOCA RATON FL		DELETE		ITY-S	I - ZIP	 			Change	Addition
TITLE	DOCKE MICHYEI		[_] Deterit	5.1 T					Ł.	orange	T YOURION
NAME STORET ANDRESS	DOCKS, MICHAEL			5.2 N		Abberee					
STREET ADDRESS	12069 QUILTING LN					ADDRESS					
CHTY - ST - ZIP	BOCA RATON FL 33428		DELETE	54 C	ITY - S	u-ZiP	17	/ D	<u></u>	Change	Addition
1	D REDUCIMANTA NAM							RKOWITZ, WAN	y	Sugnific	
NAME STOLET ASSESSED	BERKOWAITZ, NAN	חב		62 N		ADDOTOS	100	KHOOLI E, PING			
STREET ADDRESS	18083 CLEAR BROOK CIRU	UE				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 funual 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 617, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, cooperan attachment with an address.

SIGNATURE:

GOLDWICK FRAN KOWLER 3/17/97

FILED

Mar 21 1997 8:00am

Secretary of State