

FILE NOW: FILING FEE IS \$61.25

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May 27 1998 8:00am  
Secretary of State

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Motham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS               |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| <b>DOCUMENT # N 94000005894</b><br>1. Corporation Name:<br><i>South Florida Chamber Music Festival, Inc.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                                                                                                                                                                                                 |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| Principal Place of Business:<br><i>1505-P Spring Harbor Dr</i><br><i>Delray Beach, FL 33445</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           | Mailing Address:<br><i>Same</i>                                                                                                                                                                                 |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 2. Principal Place of Business:<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2a. Mailing Address:<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified:<br><i>12-01-94</i><br>4. FEI Number:<br><i>65-0543621</i><br>Applied For:<br>Not Applicable                                                                                  |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 5. Certificate of Status Desired: <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                 |                                                                                           |                                                                                                                                                                                                                 |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 9. Name and Address of Current Registered Agent:<br><i>Paul J. Green</i><br><i>1505-P Spring Harbor Dr.</i><br><i>Delray Beach, FL 33445</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           | 10. Name and Address of New Registered Agent:<br>81 Name:<br>82 Street Address (P.O. Box Number is Not Acceptable):<br>83 <b>600002538186</b><br>84 City: <i>-05/28/98-01013-1415</i> Zip Code: <i>FL 33445</i> |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 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 changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.                                                                                                                                                                                                                                                  |                                                                                           |                                                                                                                                                                                                                 |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| SIGNATURE: _____ (Signature of person or test name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when re-installing) DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |                                                                                                                                                                                                                 |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 12. OFFICERS AND DIRECTORS<br><table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> DELETE</td> </tr> </table> |                                                                                           | TITLE                                                                                                                                                                                                           | NAME           | STREET ADDRESS                                                               | CITY-ST-ZIP | <input type="checkbox"/> DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br><table border="1"> <tr> <td>11 TITLE</td> <td>12 NAME</td> <td>13 STREET ADDRESS</td> <td>14 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>21 TITLE</td> <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>31 TITLE</td> <td>32 NAME</td> <td>33 STREET ADDRESS</td> <td>34 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>41 TITLE</td> <td>42 NAME</td> <td>43 STREET ADDRESS</td> <td>44 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>51 TITLE</td> <td>52 NAME</td> <td>53 STREET ADDRESS</td> <td>54 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>61 TITLE</td> <td>62 NAME</td> <td>63 STREET ADDRESS</td> <td>64 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> </table> |  | 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME                                                                                      | STREET ADDRESS                                                                                                                                                                                                  | CITY-ST-ZIP    | <input type="checkbox"/> DELETE                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME                                                                                      | STREET ADDRESS                                                                                                                                                                                                  | CITY-ST-ZIP    | <input type="checkbox"/> DELETE                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME                                                                                      | STREET ADDRESS                                                                                                                                                                                                  | CITY-ST-ZIP    | <input type="checkbox"/> DELETE                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME                                                                                      | STREET ADDRESS                                                                                                                                                                                                  | CITY-ST-ZIP    | <input type="checkbox"/> DELETE                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME                                                                                      | STREET ADDRESS                                                                                                                                                                                                  | CITY-ST-ZIP    | <input type="checkbox"/> DELETE                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 11 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12 NAME                                                                                   | 13 STREET ADDRESS                                                                                                                                                                                               | 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 21 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 22 NAME                                                                                   | 23 STREET ADDRESS                                                                                                                                                                                               | 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 31 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 32 NAME                                                                                   | 33 STREET ADDRESS                                                                                                                                                                                               | 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 41 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 42 NAME                                                                                   | 43 STREET ADDRESS                                                                                                                                                                                               | 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 51 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 52 NAME                                                                                   | 53 STREET ADDRESS                                                                                                                                                                                               | 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 61 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 62 NAME                                                                                   | 63 STREET ADDRESS                                                                                                                                                                                               | 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| 14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.                                                                                |                                                                                           |                                                                                                                                                                                                                 |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |
| <b>SIGNATURE:</b> <i>Margery Cohen (Margery Cohen)</i> <i>4/26/98</i> <i>561-883-9027</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                                                                                                                                                                 |                |                                                                              |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |       |      |                |             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                   |          |         |                   |                |                                                                              |

CR2E037 (10/97)