FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P14852

(8)

FILED
May 08 1997 8:00am
Secretary of State

HIGHBEACH, INC. Principal Place of Business Mailing Address * THOMAS E. NEEDHAM P O BOX 4727 89 FRANKLIN ST. PORTSMOUTH NH 03802-4727 BANGOR ME 04402-0702 US											
DAILON ME	orac orac		00					3. Date Incorporated or Qualified	1		st Report
2. Principal I	lace of Business	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a. Mailing A	ddress	· · · · · · · · · · · · · · · · · · ·			06/16/1987 4. FEI Number	U0/I	<u>01/199</u>	Applied For
21			26					01-0428078		<u> </u>	Not Applicable
Suite, Apt	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Add			5 Additional	
22 115 F City & Stat		10 2	City 8 Sta	ale.			· · · · · · · · · · · · · · · · · · ·	& Flastice Compaign Flancian			Required
23			28	aic				Election Campaign Financing Trust Fund Contribution			DO May Be ed to Fees
Ζφ		Country	Zip		Cou	ntry		8. This corporation has liability for			
24	25		29		30			Florida Statutes	Yes [ON [
		d Address of Current	t Registered Age	nt				10. Name and Address of New R	egistered .	Agent	
	CORPORATIO						Name				
	O SOUTH PINI INTATION FL 3	E ISLAND ROAD			{	82 5	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
10	MINIONIE	NOCT			l	83					·····
					1	84 (City			85 2	ip Code
							•		FL	1 1	•
	to the provisions registered agent ini familiar with,	s of Sections 607.0502 or both, in the State (and accept the obliga	2 and 607,1508, F of Florida. Such c ations of, Section (iorida Statu hange was 507.0505, Fi	tes, the at authorized lorida Stat	ove-n d by th utes	named corp ne corporati	poration submits this statement for the cion's board of directors. I hereby acception's	purpose of ept the app	changir ointment	ig its registered as registered
11. Pursuant office or agent 1: S:GNATURE		s of Sections 607 0502 or both, in the State of and accept the obligation of the obligation obligation of the obligation of the obligation of the obligation	nt and title if applicable.					poration submits this statement for the ion's board of directors. I hereby acce red when reinstating). ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE		nned name of regulated ager	nt and title if applicable. DIRECTORS		TE Flogistered	Agent s		red when reinstating)	DATE		ORS IN 12
S:GNATURE	PD WALSH, MK	onted name of required age OFFICERS AND	nt and title if applicable. DIRECTORS	(NO)	IE Flogislered	Agent s		red when reinstating)	DATE	DIRECT	ORS IN 12
S:GNATURE 12. Hite	PD WALSH, MK 1100 LINTO	OFFICERS AND CHAEL P. N BLVD STE C9	nt and title if applicable. DIRECTORS	(NO)	13. 1.1 TII 1.2 NA	Agent s	signature requir	red when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE 12. THE NAME SIRELLADORESS CHY ST-ZHI	PD WALSH, MK	OFFICERS AND CHAEL P. N BLVD STE C9	ni ard title it applicable. DIDIRECTORS	(NO)	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	JAgent S ILE IME REET AD	signature requir	red when reinstating)	DATE	DIRECT Chan	ORS IN 12 ge Additio
SIGNATURE 12. HITE HAME SINEEL ADDRESS CITY ST-ZIII HITE	PD WALSH, MK 1100 LINTO DELRAY BE S	OFFICERS AND OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL	ni ard title it applicable. DIDIRECTORS	(NO)	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII	J Agent & ILE IME REET AD TY-ST-2	signature requir	red when reinstating)	DATE	DIRECT	ORS IN 12 ge Additio
SIGNATURE 12. HITE HAME SHEEL ADDRESS GBY ST-ZE TIBLE NAME	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM,	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E	ni ard title it applicable. DIDIRECTORS	(NO)	13. 1.3 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA	TAgent & TLE ME REET AD TY-ST-2 TLE	signature requir DRESS ZIP	red when reinstating)	DATE	DIRECT Chan	ORS IN 12 ge Additio
SIGNATURE 12. THE NAME SIREH ADDRESS CITY ST-ZIII THE NAME STREEF ADDRESS	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM,	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9	ni ard title it applicable. DIDIRECTORS	(NO)	13. 1.3 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	J'Agent & J'LE REET AD TY-ST-Z J'LE AME REET AD	ipprature requir	red when reinstating)	DATE	DIRECT Chan	ORS IN 12 ge Additio
SIGNATURE 12. HHE NAME SHEEL ADDRESS CHY SI ZH: THE NAME	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9	ni and title ill applicable. DIDIRECTORS	(NO)	13. 1.3 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	J Agent s TLE THE TY-ST-Z TLE TME TREET AD TY-ST-Z TLE THE TREET AD	ipprature requir	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition
SIGNATURE 12. THE NAME SISET ADDRESS CITY ST-ZIE DHE NAME STREET ADDRESS CITY ST-ZIE	PD WALSH, MIC 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL CHAEL P.	ni and title ill applicable. DIDIRECTORS	DELETE	13. 1.3 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI	S Agent & TLE ME REET AD TY-ST-Z TLE ME REET AD THE THE THE THE THE THE THE TH	ipprature requir	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition
SIGNATURE 12. HILE NAME SUBJET ADDRESS CITY ST-ZIC TRUE NAME SUBJET ADDRESS CITY ST-ZIC TRUE TRUE	PD WALSH, MIC 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL CHAEL P. N BLVD STE C9 ACH FL CRK T. N BLVD STE C9	ni and title ill applicable. DIDIRECTORS	DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CI 2.1 TO 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA	S Agent & TLE ME REET AD TY-ST-Z TLE ME REET AD THE THE THE THE THE THE THE TH	opnature required by the second secon	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition
SEGNATURE 12. THE NAME STREET ADDRESS CHY ST-ZHE THE NAME STREET ADDRESS CHY-ST-ZHE THEE NAME STREET ADDRESS CHY-ST-ZHE CHY-ST-ZHE CHY-ST-ZHE CHY-ST-ZHE	PD WALSH, MIC 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL CHAEL P. N BLVD STE C9 ACH FL CRK T. N BLVD STE C9	ni and title il applicable. DIRECTORS	(NO) DELETE DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CI 2.2 NA 2.3 ST 2.4 CI 3.1 TO 3.3 ST 3.4 CI 3.4 CI 3.4 CI 3.5 TE 3.4 CI 3.4 CI 3.4 CI 3.4 CI 3.4 CI	J Agent & J Agent &	DRESS ZIP DRESS	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition ge Addition
SEGNATURE 12. THE NAME SIREL ADDRESS GBY ST-ZIC THE NAME SIREL ADDRESS GUY-ST-ZIC THE NAME STREET ADDRESS GIY-ST-ZIC THE NAME STREET ADDRESS GIY-ST-ZIC THE	PD WALSH, MIC 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL	ni and title il applicable. DIRECTORS	DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CI 2.1 TO 2.2 NA 2.3 ST 2.4 CI 3.1 TO 3.2 NA 3.3 ST 3.4 CI 4.1 TO	JAgent & JAgent & JAGENT AND	DRESS ZIP DRESS	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition ge Addition
SIGNATURE 12. THE NAME SIREL ADDRESS GBY SLIZE THE NAME SIREL ADDRESS GBY-SLIZE THE NAME SIREL ADDRESS GBY-SLIZE THE NAME SIREL ADDRESS GBY-SLIZE THE NAME	PD WALSH, MIC 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD WALSH, WI	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL	ni and title il applicable. DIRECTORS	(NO) DELETE DELETE	18. 1.1 TO 12.2 NA 1.3 ST 1.4 CD 2.1 TO 2.2 NA 2.3 ST 2.4 CD 3.1 TO 3.2 NA 3.3 ST 3.4 CD 4.1 TO 4.2 NA 4.3 ST 1.4 2.2 NA 4.2 NA	JAgent STAGET AD TY-ST-ZZ LE ME ME ME ME TY-ST-ZZ LE LE ME TY-ST-ZZ LE AME TREET AD TY-ST-ZZ LE AME AME AME AME AME AME AME	DRESS ZIP DDRESS ZIP	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition ge Addition
SEGNATURE 12. THE NAME SPEEL ADDRESS CITY STORE NAME STREEL ADDRESS CITY STORE NAME STREEL ADDRESS CITY STORE THEE NAME STREEL ADDRESS CITY STORE THEE NAME STREEL ADDRESS	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD WALSH, WII 1100 LINTO	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL LLIAM J. N BLVD STE C9	ni and title il applicable. DIRECTORS	(NO) DELETE DELETE	18 Frequence 13. 1.1 Tri 1.2 NA 1.3 ST 1.4 Ci 2.1 Tri 2.2 NA 2.3 ST 2.4 Ci 3.1 Tri 3.2 NA 3.3 ST 3.4 Ci 4.1 Tri 4.2 NA 4.3 ST	D'Agent s TLE ME REET AD TY-ST-2 TLE ME REET AD TITY-ST- TLE ME TREET AD TITY-ST- TLE AME	DRESS ZIP DDRESS ZIP DDRESS	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition ge Addition
SEGNATURE 12. THEF NAME STREEL ADDRESS CITY ST. ZIF THEE NAME STREEL ADDRESS CITY ST. ZIF	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD WALSH, WII 1100 LINTO DELRAY BE	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL LLIAM J. N BLVD STE C9	mand tille il applicable. D DIRECTORS	DELETE DELETE DELETE	18 Frequence 13. 1.1 Tri 1.2 NA 1.3 ST 1.4 Ci 2.1 Tri 2.2 NA 2.3 ST 2.4 Ci 3.1 Tri 3.2 NA 3.3 ST 3.4 Ci 4.1 Tri 4.2 NA 4.3 ST	O Agent s TLE ME REET AD TY-ST-2 TLE ME REET AD TIY-ST- TLE ME TREET AD TY-ST- TLE AME TREET AD TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TY-ST- TY-ST- TY-ST- TY-ST- TY-ST- TY-ST- TY-ST-	DRESS ZIP DDRESS ZIP DDRESS	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition ge Addition
SEGNATURE 12. THE NAME STREET ADDRESS CITY STORY THEE NAME STREET ADDRESS	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD WALSH, WII 1100 LINTO	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL LLIAM J. N BLVD STE C9 ACH FL	mand tille il applicable. D DIRECTORS	(NO) DELETE DELETE	18. 1.1 TII 12 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 4.4	O Agent s TLE ME REET AD TY-ST-2 TLE MME REET AD TY-ST- TLE MME REET AD TY-ST- TLE AME TREET AD TY-ST- TLE TLE TLE TLE TLE TLE TLE T	DRESS ZIP DDRESS ZIP DDRESS	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition ge Addition
SEGNATURE 12. THE NAME STREET ADDRESS GBY SE-ZIF THE NAME STREET ADDRESS GBY-SE-ZIF THE STREET ADDRESS GBY-SE-ZIF THE STREET ADDRESS GBY-SE-ZIF THE NAME STREET ADDRESS GBY-SE-ZIF THE STREET ADDRESS GBY-SE-ZIF THE TABLESS GBY-SE-ZIF THE	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD WALSH, WII 1100 LINTO DELRAY BE O WALSH, TH	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL LLIAM J. N BLVD STE C9 ACH FL	mand tille il applicable. D DIRECTORS	DELETE DELETE DELETE	15 Frogisterece 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA	O Agent s TLE ME REET AD TY-ST-2 TLE MME REET AD TY-ST- TLE MME REET AD TY-ST- TLE AME TREET AD TY-ST- TLE TLE TLE TLE TLE TLE TLE T	DDRESS ZIP DDRESS ZIP DDRESS ZIP ZIP	red when reinstating)	DATE	DIRECT Chan	GRS IN 12 ge Addition ge Addition ge Addition
SEGNATURE 12. THE NAME STREET ADDRESS GBY SE-ZIF THE NAME STREET ADDRESS GTY-SE-ZIF THE NAME STREET ADDRESS GTY-SE-ZIF THE NAME	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD WALSH, WII 1100 LINTO DELRAY BE O WALSH, TH	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL RK T. N BLVD STE C9 ACH FL LLIAM J. N BLVD STE C9 ACH FL	m and title il applicable. D DIRECTORS	DELETE DELETE DELETE	15 Frogrisierecc 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	O Agent s TLE ME REET AD TY-ST-2 TLE MME REET AD TY-ST- TLE MME REET AD TY-ST- TLE MME TREET AD TY-ST- TLE TLE TLE TLE TLE TLE TLE T	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	red when reinstating)	DATE	Chan	ge Addition ge Addition ge Addition ge Addition
SEGNATURE 12. THE NAME STREET ADDRESS GBY SEZE THE NAME STREET ADDRESS GBY-SEZE THE STREET ADDRESS	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD WALSH, WII 1100 LINTO DELRAY BE O WALSH, TH 1100 LINTO DELRAY BE	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL PK T. N BLVD STE C9 ACH FL LLIAM J. N BLVD STE C9 ACH FL OMAS T. N BLVD STE C9 ACH FL	m and title il applicable. D DIRECTORS	DELETE DELETE DELETE	15 Frogrisierecc 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	O Agent s ILE ME REET AD IY-ST-2 ILE ME REET AD ITY-ST-1 ILE AME ITY-ST-1 ILE AME IREET AD ITY-ST-2 ILE ILE ILE ILE ILE ILE ILE IL	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	red when reinstating)	DATE	DIRECT Chan	ge Addition ge Addition ge Addition ge Addition
SEGNATURE 12. THE NAME SPEEL ADDRESS CHY SEZIE	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD WALSH, WII 1100 LINTO DELRAY BE O WALSH, TH 1100 LINTO DELRAY BE V	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL PK T. N BLVD STE C9 ACH FL LLIAM J. N BLVD STE C9 ACH FL COMAS T. N BLVD STE C9 ACH FL	m and title il applicable. D DIRECTORS	DELETE DELETE DELETE	15 Frogisterece 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI	O Agent s LE ME REET AD LY-ST-2 LE MME REET AD LIY-ST-1 LE AME REET AD LIY-ST-1 LE AME REET AD LY-ST-2 LLE AME REET AD LY-ST-1 LLE AME REET AD LY-ST-1 LLE AME	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	red when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE	DIRECT Chan	ge Addition ge Addition ge Addition ge Addition ge Addition
SEGNATURE 12. THE NAME SPEEL ADDRESS GUY STEZIC THE NAME STREEL ADDRESS GUY-STEZIC THEE	PD WALSH, MK 1100 LINTO DELRAY BE S NEEDHAM, 1100 LINTO DELRAY BE TD WALSH, MA 1100 LINTO DELRAY BE VD WALSH, WII 1100 LINTO DELRAY BE O WALSH, TH 1100 LINTO DELRAY BE V	OFFICERS AND CHAEL P. N BLVD STE C9 ACH FL THOMAS E N BLVD STE C9 ACH FL PK T. N BLVD STE C9 ACH FL LLIAM J. N BLVD STE C9 ACH FL OMAS T. N BLVD STE C9 ACH FL	m and title il applicable. D DIRECTORS	DELETE DELETE DELETE	15 Frogrisierece 13. 11 TII 12 NA 13 ST 14 CI 21 TII 22 NA 23 ST 2.4 CI 31 TII 32 NA 3.3 ST 34.CI 41 TI 42 NA 43 ST 44 CI 51 TII 52 NA 53 ST 54 CI 61 TII 62 NA	O Agent s LE ME REET AD LY-ST-2 LE MME REET AD LIY-ST-1 LE AME REET AD LIY-ST-1 LE AME REET AD LY-ST-2 LLE AME REET AD LY-ST-1 LLE AME REET AD LY-ST-1 LLE AME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO OFFI	DATE	Chan	ge Addition ge Addition ge Addition ge Addition ge Addition

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 a attachment with an address.

- M. h. / 1464 4/15/97
Date

SIGNATURE:

Daytime Phone # 0496955