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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P92000010743 (2)

FILED Aug 07 1997 8:00am Secretary of State

		Mailing Address 401 SW 1ST AVE FT LAUDERDALE FL 33301	-2801		
				3. Date Incorporated or Qualified 12/10/1992	3a. Date of Last Report 06/20/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# atc	26 Suite, Apt. #, etc.		65-0393878	Not Applicable \$8.75 Additional
22	. w, 010.	27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State	7	6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	<u> </u>	30	This corporation has liability for Florida Statutes	ir intangible tax under s. 199.032,
	9. Name and Address of Currer			10. Name and Address of New R	
	aman, peter m esq		81 Name		
	nstein & Lehr		82 Street Add	dress (P.O. Box Number is Not Accepta	able)
	N. FLAGLER DRIVE, SUITE 601		83		
WE	ST PALM BEACH FL 33401				
			84 City		FL 85 Zip Code
office or agent. La	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607,1508, Florida Statute of Florida Such change was a ations of, Section 607.0505, Flo	es, the above-named cor uthorized by the corpora rida Statutes.	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c	purpose of changing its registered ept the appointment as registered
office or agent. I a	to the provisions of Sections but user registered agent, or both, in the State am familiar with, and accept the oblig Stynalure, typed or proted name of registered age OFFICERS AN	ations of, Section 607.0505, Flo	es, the above-named cor ulthorized by the corpora rida Statutes. Registered Agent signature requirements.		DATE
agent. I a	am famillar with, and accept the oblig Signalura, typed or profed name of registered age OFFICERS AN	ations of, Section 607.0505, Flo	rida Statutes. Registered Agent signature requ	uired when reinstating)	DATE
agent. I a SIGNATURE 12.	am famillar with, and accept the oblig Stipnalure, typed or proted name of registered age OFFICERS AN VSD PASCA, ANTHONY A JR	ations of Section 607.0505, Flo ent and the if applicable (NOTE ID DIRECTORS	Registered Agent signature requ	uired when reinstating)	DATE ICERS AND DIRECTORS IN 12
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I do nereby 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 control 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 chapted, or on an attainment with an address.