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

CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

P92000010802 (6)

Principal Place of Business Mailing Address 8401 E. ROGERS CIRCLE. #3 BOCA RATON FL 33487 US Mailing Address 8401 E. ROGERS CIRCLE. #3 BOCA RATON FL 33487-2647 US											
								3. Date incorporated or Qualified 12/09/1992		ate of Last Re 30/1996	oport
2. Principal P	lace of Busin	ness	F-n ~	2a. Mailing Address				4. FEI Number 65-0373980		Ар	plied For t Applicable
Suite, Apt.	#, etc.	And the second section of the sectio	Suite, Apt. #, e	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 A	Additional
22 City & Stat	'A		City & State	27 City & State						Fee Re	
23	.0		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24		Country 25	Z(p	30	ountr	У		8. This corporation has liability for Florida Statutes	intangible Yes [199.032,
	9. Name		rent Registered Agent					10. Name and Address of New Re			
CAL	ELLO, NIC	K			81	Name					
6401 E. ROGERS CIRCLE #3 BOCA RATON FL 33487					82	Street Ac	ddress	(P.O. Box Number is Not Acceptab	ole)		
BOU	CA RATON	FL 33487			83						
						<u> </u>				1221 6. 2	
					84	City			FL	85 Zip (Jode
office or r agent. I a SIGNATURE		iont, or both, in the Str th, and accept the ob				re-named or by the corpo es.		ition submits this statement for the p is board of directors. I hereby accep then reinstating)	ol the app	pointment as	registered
12.		OFFICERS /	AND DIRECTORS	1				ADDITIONS/CHANGES TO OFFIC	CERS AN	D DIRECTOR	S IN 12
TITLE	P		DEL		TITLE					Change	Addition
NAME	CALELLO		10		NAME						
STREET ADORESS	BOCA R	ROGERS CIRCLE #	3			1 ADDRESS					
CITY-ST-ZIP TITLE	ST	NION FL	□ DELI		TITLE	ST-ZIP				Change	Addition
NAME	CALELLO), ZOILA			NAME						
STREET ADDRESS		ROGERS CIRCLE #	3			1 ADDRESS					
CITY-ST-ZIP	BOCA R	ATON FL			CITY-	ST-ZIP					
TITLE			DEL-		TITLE					☐ Change	Addition
NAME	1				NAME						
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP TITLE	<u> </u>		DEL		TITLE	ST-ZIP				Change	Addition
NAME					2 NAME						7.001.1017
STREET ADDRESS						1 ADDRESS					
CITY-ST-ZIP						ST-ZIP					
TITLE			☐ DEL		TITLE				- V - 11 - 11 - 1	☐ Change	Addition
NAME				5.2	NAME						
STREET ADDRESS]			5.3	STREE	T ADDRESS					
CITY-ST-ZIP			T DEL		CITY-:	ST-ZIP				Change	Addition

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an address.

May 06 1997 8:00am

Secretary of State