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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra Bf Mortham

Secretary of State \*
DIVISION OF CORPORATIONS

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DOCUMENT #	P9300000548	(6

T.H. BARKOULL III, P.A.

Principal Place of Business

4000 PHILLIPS POINT WEST

Mailing Address

PO BOX 13133

N PALM BCH FL 33408-7133

FILED May 02 1997 8:00am Secretary of State



WEST PALM BEACH FL 22401-6108	US			1			
				3. Date incorporated or Qualified 01/01/1993		te of Last Re 12/1996	eport
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	Ap	plied For
21 P.O. Box 13133 NM	26	<del> </del>		65-0380011			t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	Crty & State			8. Election Campaign Financing		\$5.00	May Be
23 N. Palm Beach	28			Trust Fund Contribution		Added t	o Fees
Zip Country Country	<i>Z</i> ip	Country	1	8. This corporation has liability for			199.032,
24 33408 25 Falm Brack 9. Name and Address of Current	Peoletered Agent	[30]		Florida Statutes  10. Name and Address of New R		No	
		81	Name	10. Italia situ Additas Office It	ogi-tiol to 1	<b>190111</b>	
777 S. FLAGLER DRIVE 205	N. Dixe Ha					<del></del>	
-1900 PHILLIPS POINT-WEST	WOR TI 2	B2	Street Add	ress (P.O. Box Number is Not Accepte	ible)		
WEST PALM BEACH FL 83401-6198	770, PX 33	40/ <sub>83</sub>	20	S NE DIRECT	~9	<del></del>	
		84	City W.	P.B.	FL	85 Zip (	Code 2NF)
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abov	e-named cor	poration submits this statement for the	purpose of	changing it	s registered
office or registered agent, or both, in the State of agent if am familiar with, and accept the obliga	of Florida. Such change was a	authorized b	y the corpora	tion's board of directors. I hereby acce	pt the app	ointment as	registered
	, , , , , , , , , , , , , , , , , , , ,	// /		(1 2 ( ( ) ) )	4-	2-9	7
SIGNATURE Significant typed of printed name of registered agen	and title if applicable. (NOT)		ent signature requ	mas H. BARKdull TIT	DATE	J_/_	<i></i>
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND		
THE PO	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME BARKOULL, THIII	HILIDO DT WEST	1.2 NAME	<u> </u>	0 17177	n/A		
STHELT ADDRESS -777 S. FLAGLER DR., 1900 PH	HUTOTI: WEOF	1.3 STREE	i adoress	20. Box 13133	2011	_	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-	ST-ZIP	1. P. Beach FL 334	08		···
THLE	☐ DELETE	2.1 TITLE	- [			Change	Addition
NAME		2.2 NAME					
STREET ADURESS			T ADORESS				
C(TY - ST - ZIP	DELETE	2, 4 CITY -	ST-ZIP			Change	Addition
MILE	☐ DECENE	31 TITLE	{	en e	ja.	L' Planife	L ADDRION
NAME		3.2 NAME					
STREET ADDRESS			TADDRESS			٠	
CITY-S1-ZIP TITLE	DELETE	3.4. CITY- 4.1 TITLE	SI-ZIr	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		4.2 NAME					
STREET ADDRESS			T ADDRESS				
C(1Y-51-2IF		4.4 CITY -					
TIPLE	☐ DELETE	5 1 TITLE				Change	Addition
NAME		5.2 NAME	1				
STREET ADDRESS		5.3 STREE	T ADDRESS				
City-St-7iP		54 CITY-	ST-ZIP				
TITLE	DELETE	6.1 TITLE			<del></del>	Change	Addition
NAME		6.2 NAME	[				
STREET ADDRESS		6.3 STREE	T ADDRESS				
CITY - ST - 7IP	VAB.	6.4 CITY-	CT. 7IP				

14. I do hereby certify that the information supplied with this filling does adjustify 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 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 an attachment with an address

SIGNATURE:

SIGNATURE AND THEO OF PHINTEN HAVE OF BIGNING OFFICER OR DIRECTOR PLANS, CLOSE

4-3-97

e Phone # 0300784