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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jul 03 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300002488 (3)

Principal Place of Business Mailing Address 10255 SOUTHERN BLVD. 10255 SOUTHERN BLVD. ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-4337					
				3. Date Incorporated or Qualified 12/31/1992	3s. Date of Last Report 08/08/1996
2. Principal P	'lac e o f Business	2a. Mailing Address 25		4. FEI Number 65-0387577	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30		Yes 🖊 No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	stered Agent
102	SWORTH, DENNIS 55 SOUTHERN BLVD. YAL PALM BEACH FL 33411		 81 Name 82 Street Addr 83 84 City 	ess (P.O. Box Number is Not Acceptab	FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607.050 egisterod agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age		es, the above-named corporation to the corporation of the corporation	oration submits this statement for the prion's board of directors. I hereby accepted when reinstating)	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AINSWORTH, DENNIS 10255 SOUTHERN BLVD. ROYAL PALM BEACH FL 3341	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - S1 - ZIP		Change Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2IP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ D€FE1E	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

14. I do 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 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