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

Principal Place of Business 2161 PALM BEACH LAKES BLVD. SUITE 403 W PALM BEACH FL Principal Place of Business Mailing Address 2161 PALM BEACH LAKES BLVD. SUITE 403 W PALM BEACH FL W PALM BEACH FL					
					Date of Last Report 4/25/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# ole	Suite, Apt #, etc.	······································	NOT APPLICABLE	Not Applicable
22 Suile, Apt	. #, ClC.	27 Suite, Apr. W. atc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State	***************************************	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country	8. This corporation has liability for intangil	Added to Fees ole tax under s. 199.032,
24	25		30	Florida Statutes Yes	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
	EEFER, RICHARD 61 PALM BEACH LAKES BLVD.				
SUITRE 403			82 Street Add	ress (P.O. Box Number is Not Acceptable)	•
	PALM BEACH FL		83		
			84 City		85 Zip Code
•					
office or agent SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature types or profest can end registered a	te of Florida. Such change was a igations of, Section 607.0505, Flo	uthorized by the corpora rida Statutes. Registered Agent signature requ	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when renstating) DATE	ppointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D PREEEFER, RICHARD	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	DIEL DALLA DEACH LAVER I	BLVD. 403	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		1.4 City-\$t-ZiP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREE1 ADDRESS	. [CE IVINC		
CITY-S1-ZIP			2.3 STREET ADDRESS		
			2.3 STREET ADDRESS 2.4 City-St-Zip		
TULE		☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		Change Addition
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SIGNATURE:

OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing does not qualiformation indicated on this annual report or supplemental annual report is I am an officer or director of the corporation of the re-biver or director of the corporation of the re-biver of director of the corporation of the re-biver of director of the corporation of the re-biver of directors in Block 12 or Block 13 if chapped or in mattact point with an accorporation.

by for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the frue and accurate and that my signature shall have the same legal effect as if made under oath; that wered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Feb 21 1997 8:00am

Secretary of State

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