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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014301 (4)

3299 NC	PRTH FEDERAL HIGHW	Mailing Address				
\$289 NORTH FEDERAL HIGHWAY POMPANO BEACH FL \$3804			3299 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064-6739			
				· '	 Date of East Report 02/20/1996 	
2. Principal Place of Business		2a. Mailing Address	F		Applied For	
21		26]			Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional Fee Required	
City & State		City & State			\$5.00 May Be	
23		28	28		Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intan	ngible tax under s. 199.032,	
24	25		30	Florida Statutes		
					10. Name and Address of New Registered Agent	
LADREI, OTEVEN M				ect Address (P.O. Box Number is Not Acceptable) 299 NORTH FEDERAL HIGHWAY		
	E A ANDO FL 32801		83	9 NORTH FEDERAL HIGHW	AI	
					loe1 7: 0-4-	
			84 City POM	PANO BEACH, FL	FL 85 Zip Code 33064	
11, Pursuant office or r agent I a	to the provisions of Sections 60 egistered agent, or both, in the m familiar with and accept the	17.0502 and 507.1506. Florida Statutes State of forida. Such change was au obligations of, Section 507.0505, Flor	s, the above-named athorized by the corp ida Statutes.	corporation submits this statement for the purpororation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered	
SIGNATURE	Standard Journal register	ered agent and de liver cable (NOTE:	- G-EOR G- Registered Agont signature	EM. HAV required whom reinstalling) Di	5/9-/	
12.	<i></i>	RS AND WIRE CTORS	J 13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12	
TITLE	8	₩ DELETE	1.1 TOLE	D	Change X Addition	
NAME	SIEGEL, LAWRENCE		1.2 NAME	GEORGE M. HAY		
STREET ADDRESS	2431 WESTWOOD DR		1.3 STREET ADDRESS	3299 NORTH FEDERAL H	IGHWAY	
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY - \$1 - ZIP	POMPANO BEACH, FL 33		
TITLE		☐ DELETE	21 TITLF		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			23 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		L_I DELTTE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. C(1Y-\$1-Z)P			
TUTE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		ļ	
STREET ADDRESS		•	4.3 STREET ADDRESS			
CITY-ST-ZIP		D priese	4.4 CITY- ST - 7/F*			
TITLE		L DELETE	5.1 TOTLE		Change Addition	

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report of supplemental annual prior tis true fur 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 corporation or the receiver or true fur empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it shanged, or on an attachment with an address.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY-S1-2(P

61 TITLE

6.2 NAME

Change

Addition

FILED

Apr 14 1997 8:00am

Secretary of State