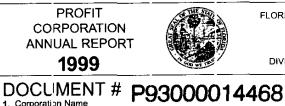
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90057 047 ***150.00

	CENTER OF DE	LRAY BEACI									
Principal Place of Business			Mailing Address								
112 S.E. 10TH ST. 112 S.E. 10TH ST. DELPAY BEACH EL				22482							
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483								DO NOT WRITE IN THIS SPACE			
								3. Date in corporated or	Qualifed		
								02/25/1993			
2. Principal P	ace of Business		2a. Mailing Address	s	•			4. FEI Number		Aç	opl ed For
21			26					65-0391645 Not Applicable			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status I	Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State					6. Electior Campaign F	inancing	\$5.00	Nay Be	
23			28					Trust Fund Contribut	ion	Added	to Fees
Zip	Coun	iry	Zip		ountry	,		8. This co poration owe	s the current year		.
24	25		29	30				Personal Property Ta		Yes	MNo
	9. Name and Add	ess of Current	Registered Agent		-	-		10. Name and Address	of New Registere	A Agent	
DALE	SU DONALD E				81	Name	•				
RALPH, DONALD E					82 Street Ad Ire			ess (P.O. Box Number is No	ot Acceptable)		
112 S.E. 10TH ST. DELRAY BEACH FL 33483											
NELI	MAY BEAUTI FL 334	83			83						i
					84	City			F	85 Zip	Code
office or r	to the provisions of Se egistered agent, or bot m familiar with, and ac	n, in the State o cept the obligation	Florida. Such change ons of, Section 607.05	was authoriz 05, Flarida St	ed by atutes	the cor	poratio	pration submits this statemen's board of directors. There	eby accept the app	ointment as re	egistered
12.		OFFICERS AND		1:		- Signatur	- Taquito	ADDITIC NS/CHANGE	S TO OFFICERS	AND DIRECTO	OF S IN 12
TITLE	Ρ	3111021131111	☐ DEL		TITLE	•				Change	Addition
NAME	DONALD E. RALPI	4		1.2	NAME						
STREET ADDRESS	444 05 4051 05			1.3 STREE		TADDRES	s				
CITY-ST-ZIP	DELRAY BEACH F	1			CITY-S						
TITLE	VPST				2.1 TITLE		 			Change	☐ Addition
NAME	DEBORAH A. RAL	PH		2.2	NAME		İ				Ì
STREET ADDRESS	112 SE 10TH ST			2.3	STREE	TADDRES	s				
CITY-ST-ZIP	DELRAY BEACH F	1		2.	4 CITY-5	ST-ZIP	1				
TITLE	☐ DELETE		ETE 31	3 1 TITLE		T -			Change	☐ Addition	
NAME				3 2	NAME						
STREET ADDRESS				3.3	STREE	TADDRES	s				-
CITY-ST-ZIP				3.4	LCITY-8	ST-ZIP					
TITLE				4.1 TITLE		T^{-}			☐ Change	☐ Addition	
NAME	•			4.	2 NAME						
STREET ADORE 3S	1			4.3	STREE	TADDRES	s				
CITY-ST-ZIP				4,4	CITY-S	T-ZIP					
TITLE			☐ DEL	ETE 5.1	TITLE		T^-			☐ Change	Addition
NAME				5.2	NAME						į
STREET ADDRESS				5.3	STREE	TADDRES	s				
CITY-ST-ZIP				5.4	CITY-S	T-ZIP					
TITLE			☐ DEL	ETE 6.º	TITLE					☐ Change	☐ Addition
NIABRE				6.2	NAME		ì				

14. Therety 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 oath; 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 🗹

STREET ADDRESS

CITY-ST-ZIP

OR DIRECTOR

CR2E034 (11/98)