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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000014987 (0)

DR. LEE A WELKY, P.A.

FILED Apr 28 1997 8:00am Secretary of State

1100 LINTON BOULEVARD SURFE C6	51.1.5						— (i iggiireal iin totan iitiit beiit ebiii beiit	. Dalar kibil dir	<u> </u>	.) (88) (38)	
BUTE COPENAY BEACH FL 39444 Comment	Principal Place	e of Brainess	Mailing Addres	SS			}	98181 1/811 9181	JB 1910) 1811	1 1881 1891	
## DELAY BEACH FL 33444-1145 ## Principal Place of Business #		SOULEVARD		BOULEVARD							
2. Delicion proposed or Qualified S2/1998 2. Principal Piece of Business 2. Molling Address 4. Fel Number 5/2/26/1998 2. Sulle, Apt. 4, etc. 5. Sulle, Apt. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Cortificate of Status Desired 1/2 Pote Apr. 4, etc. 5. Etc. 6, e		LI EL 99444		H FI 33444.1145							
### Supplied Place of Business 24	DELINI DENOTI PE 304941140										
Suite, Apt. #, etc. 27	2. Principal Pl	ace of Business	2a. Mailing Ad	2a. Mailing Address				1 00/40	Applied For		
Suite, Apt. #, etc. 27	21		26	26			65-0405144			Not Applicable	
City & State Ci	Suite, Apt.	#, etc.	Suite, Apt.	#, etc.	,						
City & State City & State City & State City & State City & State City & State City & State Country Zip	22		27				5. Certificate of Status Desired		Fee Re	equired	
Zip County Zip County Zip County Ris corporation has liability for jury gipt and 26 for 1.99. Finds Statutes Experiment and Address of Current Registered Agent Discrete Agent Corporation Nind Registered Agent Registered Regi	City & State		City & State	City & State							
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301 19. Warms and Address of New Registered Agent 19. Varys and Address of New Registered	23	· · · · · · · · · · · · · · · · · · ·					Trust Fund Contribution		Added	lo Fees	
10, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of Name 10, Name and Address of Name and Name 10, Name and Name and Name 10, Name and Name and Name 10, Name and Name and Name and Name and Name and Name and Name 10, Name and Nam		<u></u>		<u></u> ⊢¬	ountry	'			~	199.032,	
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 City PL 85 Street Address (P.O. Box Number is Not Acceptable) 84 City PL 85 City PL 85 City PL 85 City PL 85 City PL 86 City PL 86 City PL 87 Code 87 City PL 88 City PL 89 City PL 80 City PL 89 City PL 80	24										
LOPPOWER IN INFORMATION SERVICES INV. 1201 HAVS STREET TALLAHASSEE FL 32301 42 Stroet Address (P.O. Box Number is Not Acceptable) 14 City FL 85 ZP Code 14. Parsuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-nanced corporation submits this statement for the purpose of changing its region agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes. 15 STORMATURE 16 STORMATURE 17 OFFICERS AND DIRECTORS 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE STORMAR STREET ADDRESS 19 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 11 ADDRESS 12 AMME 22 AMME 23 SIRET ADDRESS 24 CITY ST-2P 10 BELETE 11 THE 11 ADDRESS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 24 CITY ST-2P 17 ADDRESS 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 SIRET ADDRESS 24 CITY ST-2P 17 ADDRESS 25 ADDRESS 26 CITY ST-2P 17 ADDRESS 27 ADDRESS 27 ADDRESS 28 ADDRESS 29 ADDRESS 20 ADDRESS 20 ADDRESS 20 ADDRESS 20 ADDRESS 20 ADDRESS 21 ADDRESS 22 ADDRESS 23 ADDRESS 24 ADDRESS 25 ADDRESS 25 ADDRESS 26 ADDRESS 27 ADDRESS 27 ADDRESS 28 ADDRESS 29 ADDRESS 20 ADDRESS 21 ADDRESS 22 ADDRESS 23 ADDRESS 24 ADDRESS 25 ADDRESS 26				<u> </u>	91	Nome	10. Name and Address of New Heg	istered Age	ant		
TALLAHASSEE FL 32301 68	.		RVICES INC.		10.	IVallie					
83 64 City FL 85 Zip Code					82	Street Add	dress (P.O. Box Number is Not Acceptabl	e)			
### City ### City ### City ### Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. #### Signature for principle of the provisions of the p	TALI	LAHASSEE FL 32301			83	ļ					
TILE PSTD PSTD PSTD PSTD PSTEE AND DIRECTORS 1.3 SIREE ADDRESS OFF-S.P.P PSTD PSTREE ADDRESS OFF-S.P.P PSTREE ADDRES					53						
11. Pursuant to the provisions of Socions 607 0509 and 607 1509. Florids Statutes, the above-nemed corporation submits this statement for the purpose of changing its regressive degree for points in the State of Florids. Such changes was authorized by the corporation's board of directors. Thereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Socion 607 0505, Florida Statutes. SIGNATURE					84	City		_	85 Zip (Code	
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, byest or private range of legistered agent and life if agracatale 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE WELKY, LEE A 11 DELETE 11 TIME WELKY, LEE A 1100 LINTON BOULEVARD SUITE C-5 DELRAY BEACH FL 33444 DELETE 2 NAME STREET ADDRESS CITY-ST-ZP DELETE DELETE 3 STREET ADDRESS CITY-ST-ZP DELETE 3 STREET ADDRESS CITY-ST-ZP DELETE DELETE 3 STREET ADDRESS CITY-ST-ZP DELETE DELETE DELETE 3 STREET ADDRESS CITY-ST-ZP DELETE DELETE DELETE DELETE Change CITY-ST-ZP Change CITY-ST-ZP DELETE DELETE DELETE DELETE DELETE DELETE DELETE Change CITY-ST-ZP Change CITY-ST-ZP Change CITY-ST-ZP DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE Change CITY-ST-ZP DELETE DELETE DELETE DELETE Change CITY-ST-ZP CHANGES CITY-ST-ZP CHAN			500 - 1007 (500 Fi	11.61.	4_						
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, byest or private range of legistered agent and life if agracatale 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE WELKY, LEE A 11 DELETE 11 TIME WELKY, LEE A 1100 LINTON BOULEVARD SUITE C-5 DELRAY BEACH FL 33444 DELETE 2 NAME STREET ADDRESS CITY-ST-ZP DELETE DELETE 3 STREET ADDRESS CITY-ST-ZP DELETE 3 STREET ADDRESS CITY-ST-ZP DELETE DELETE 3 STREET ADDRESS CITY-ST-ZP DELETE DELETE DELETE 3 STREET ADDRESS CITY-ST-ZP DELETE DELETE DELETE DELETE Change CITY-ST-ZP Change CITY-ST-ZP DELETE DELETE DELETE DELETE DELETE DELETE DELETE Change CITY-ST-ZP Change CITY-ST-ZP Change CITY-ST-ZP DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE Change CITY-ST-ZP DELETE DELETE DELETE DELETE Change CITY-ST-ZP CHANGES CITY-ST-ZP CHAN	office of re	o the provisions of Sections 607.05 egistered agent, or both, in the Sta	te of Florida. Such cha	rida Statutes, the ange was authoria	ed by	e-named cor 7 the corpora	rporation submits this statement for the pi ation's beard of directors. I hereby accep	urpose or ch t the appoin	anging it tment as	s registered registered	
Signature, typad or princed raper and elegisterical gripht and late if apprehable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTRUE WELKY, LEE A STREET ADDRESS 1100 LINTON BOULEVARD SUITE C-5 CITY-ST-ZPP TITLE DELETE J DELETE J TITLE D	agent. I ar	m familiar with, and accept the obl	igations of, Section 60	7.0505, Florida S	atuto	S				-	
19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIRE PSTD	SIGNATURE .			407							
TITLE						per avutangia tin			DECTOR	C IN 12	
MAKE WELKY, LEE A 12 NAME 1100 LINTON BOULEVARD SUITE C-5 1.3 STREET ADDRESS 14 OTY-ST-ZIP							ADDITIONS/CHANGES TO OFFICE			Addition	
1100 LINTON BOULEVARD SUITE C-5 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP			•			1					
DELETE D			SUITE C.5			ADDRESS					
TITLE	i i		JOIL O'S			1					
NAME		MANAT DENOTITE SOTTY				1-211			Change	☐ Addition	
23 STREET ADDRESS 24 CITY - ST - ZIP	1					}					
CITY-S1-ZIP						ADDRESS					
TITLE	1			l l		1					
NAME					~ ~~ ~~	,			Change	Addition	
STREET ADDRESS	Į.					1		_	•		
ORITY-ST-ZIP	ł					ADDRESS					
TITLE				•		\ \frac{1}{2}					
NAME					~			——Е	Change	☐ Addition	
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP				J 4. :	NAME]			-		
CTY-ST-ZIP						ADDRESS)	
TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME	· [l l					
STREET ADDRESS									Change	Addition	
CITY-\$1-ZIP				5.2	NAME	Į		-	-		
CITY-ST-ZIP	STREET ADDRESS			5.3	STREET	ADDRESS					
TITLE DELETE 61 TILLE Change A NAME 62 NAME										ſ	
NAME 62 NAME									Change	☐ Addition	
	1			1		j		_	•		
	STREET ADDRESS			4		ADDRESS					
COTY-ST-ZIP 6.4 CITY-ST-ZIP						ì					
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		y certify that the information suppl	ied with this filing does				ed in Section 119.07(3)(i), Florida Statutes	. I further ce	rtify that	the	

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:

LECTOR Support or support or support or support or support in support in support 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.