CO	PROFIT RPORATION UAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 18 1997 8:00ar Secretary of State		
Principal Plac 2170 SW 7TH BOCA RATON	OUP, INC.	Mailing Address 2170 SW 7TH CT. BOCA RATON FL 33486-61	951			
US				3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last 08/01/1996	
	lace of Business	28. Mailing Address		4. FEI Number	· _ · · · · · · · · · · · · · · · · · ·	Applied For
1 2170 Suite, Apt.	, SW 7th Court	26 Suite, Apt. #, etc.	<u> </u>	65-0405507	0 7E	Not Applicable
2		27	<u>e</u>	5. Certificate of Status Desired		Additional Required
City & Stat 3 Boc	a Ratan FL	City & State S A Y		6. Election Campaign Financing Trust Fund Contribution	Addec	D May Be to Fees
Zip 3 34	Country	Zip 29	Country 30	8. This corporation has liability for i Florida Statutes	ntangible tax under Yes XNo	s. 199.032,
	9, Name and Address of Curre			10. Name and Address of New Re		
	CORMACK, EDWARD 0 Sw. 7th Ct.		81 Name			
	CA RATON FL 33486		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
			83			
			84 City			Code
dd Durautat	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	the above paped cor	rooration submits this statement for the p	FL 6 214	its registered
11. Pursuant						
	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Fic	authorized by the corpora brida Statutes.	poration submits this statement for the p alion's board of directors. I hereby accep	I the appointment a	s registered
SIGNATURE	Signalure, typed or printed name of registered ag	Jent and little if applicable (NOTE	A Registered Agent signature requ	ured when reinstating)	DATE	
SIGNATURE	Signature, typod or printed name of registered ag OFFICERS AN	V / 1 gent and little if applicable (NOTE ND DIRECTORS	A Registered Agent signature requ 13.		DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE	Signalure, typed or printed name of registered as OFFICERS AN DP MCCORMACK, EDWARD	Jent and little if applicable (NOTE	A Registered Agent signature requ	ured when reinstating)	DATE	DRS IN 12
SIGNATURE	Signalure, typed or printed name of registered as OFFICERS AN DP MCCORMACK, EDWARD 2170 SW 7TH CT.	V / 1 gent and little if applicable (NOTE ND DIRECTORS	Progistered Agent signature requination 13. 1.1 TIFLE	ured when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
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