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

CORPORATION **ANNUAL REPORT** 

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000029082 (3)

City & State

Principal Place of Business	Mailing Address						
10321 WEST ATLANTIC AVENUE DELRAY BEACH FL 33446	10321 WEST ATLANTIC AVE. DELRAY BEACH FL 33446-9753 US						
2. Principal Place of Business	2a. Mailing Address						
21	26						
Sulte, Apt. #, etc.	Suite, Apt. #, etc.						

28

City & State

**FILED** Apr 29 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

05/01/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

04/20/1993

65-0403582

4. FEI Number

Zip		Country	Zip		Cou	intry			8. This corporation has liability for intangible tax under s. 199.032,									
24		25	29		30				Florida Statutes Yes No									
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent																		
TINE	r, leslie					81	Name											
10321 WEST ATLANTIC AVENUE DELRAY BEACH FL 33446						82	Street	Addres	e (P.O. B	ov Num	hor is N	ot Acce	ntable)					
						02	Street Address (P.O. Box Number is Not Acceptable)											
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												d						
SIGNATURE Signature: typed or printed name of registered agent and bitle if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												. ]						
12.	Signature, typed		ered agent and life if applic		: Registere	d Age	nt signalure	required			LIANCE	0.01.0	FFICERS A		DECT	OFIC	NIIO	
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14 Lda barat	by certify that	at the information so	upplied with this filing	g does not qualit	u for the	0.40	motion c	tated in	n Section	119.07(	3)(i), Flo	orida Sta	tutes. Hur	ther co	ertify th	at the	)	$\dashv$
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. Hurther 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 logal effect as if made under oath; that I am an officer or director of the observation 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 12 in the angular ment with an address											at							