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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mariham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000030115 (8)

Principal Plac 1811 PELICAN SUITE 208 VAPLES FL 33		Mailing Address 275 N. FRANCIN TO RAMSEY NJ 07446-2		3. 02/26/1993 ated or Chialified 306/01/1998 Report	ort
A D	N / B				
z. Principai i 1	Place of Business	2e. Mailing Addres	•		ed For oplicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	le.	5. Certificate of Status Desired  Fee Requ	
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 Mg	
3		28		Trust Fund Contribution   Added to I	<b>ee</b> 8
Zip	Country	Zip	Country	8. This corporation has flability for intangible tax under s. 16 Florida Statutes	99.032,
4	25 9. Name and Address of Curre	29 ent Registered Apent	30	Florida Statutes L Yes L No 10. Name and Address of New Registered Agent	
	SON, LINDA A ESO.		81 Name	,	·
	99TH AVE., NORTH LES FL 33983		82 Stree	t Address (P.O. Box Number is Not Acceptable)	
, row	LES PL 33863				·
	•		83	and the second of the second o	1
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stal am familiar with, and accept the obli	502 and 607.1508, Florida te of Florida. Such change gations of, Section 607.05	Statutes, the all over-name was authorized by the co	d corporation submits this statement for the purpose of changing its reporation's board of directors. I hereby accept the appointment as reg	raj
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI		Statutes, the allower-name was authorized by the co 05, Florida Statutes, (NOTE Registered Apent Highan 13.	d corporation submits this statement for the purpose of changing its reporation's board of directors. I hereby accept the appointment as reg	egistered distered
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered a	gent and title if applicable. NO DIRECTORS	Statutes, the all-ove-name was authorized by the co 05, Florida Statutes.  (NOTE Registered Agent bigner.  18.  11. TITLE 12. NAME 13. STREET ADDRESS	d corporation submits this statement for the purpose of changing its reporation's board of directors. I hereby accept the appointment as regimed when rehealting)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	egistered pistered
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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 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

May 09 1997 8:00am

Secretary of State

Daytime Phone 12020