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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 08 1997 8:00am Secretary of State

1997 DOCUMENT # P93000037773 (7)

NATA, II	NU.												
Principal Place	e of Business	M	lailing Address	·····					]				<i>i</i>
,	LINGTON TRACE		~	STON TO	LCE								
WELLINGTON (		W	13960-23 WELLINGTON TRACE WELLINGTON FL 33414-8590 US										
									<ol> <li>Date Incorporated or 05/24/1993</li> </ol>	Qualified		ate of Last F 16/1996	leport
· ·	lace of Business	<b></b>	. Mailing Addre			_	<i>^</i>		4. FEI Number			A	pplied For
21		26	51 SE	ABRE	EZE	· 	ATE		65-04 18954				ot Applicable
Suite, Apt.	#, Otc.		Suite, Apt. #,	etc.				] ,	5. Certificate of Status I	Desired			Additional
City & State	.0	27	City & State										equired
23		28	DELLA	Y RE	ACH	7	FL	"	<ol><li>Election Campaign F Trust Fund Contribut</li></ol>	-			May Be to Fees
Zip	Country	1201	Zip /		Cou				This corporation has	***************************************		······································	· · · · · · · · · · · · · · · · · · ·
24	25	29	334	83	30	,		'	Florida Statutes		Yes [		1 <b>9</b> 9.032,
<del> </del>	9. Name and Address of Curre		itered Agent					10	p. Name and Address				
PAU	JLL, RICHARD J.					81	Name						
	33 WELLINGTON TRACE					82	Stroat A	ddrono	(P.O. Box Number is No	at Accordable			
	E-14					02	SITE P	1001685	(F.O. DOX MUITIDES IS 146	oi Accepiani	=1		
	ST PALM BEACH FL 33414					83						***************************************	
						84	City				FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and €	i07.1508. Florid	a Statute	s. the at	xove	-named o	corporat	ion submits this statem	ant for the ou	upose of	changing i	ts registered
office or re	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Flori	da Such chang	ge was at	uthorized	d by	the corp	oration's	board of directors. I he	reby accept	the app	ointment as	registered
	m rammar with, and accept the obili	jations o	1, 5601001 607.0	יסטס, רוטו	nua Stat	utes	٠.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable	INOTE	Registered	Aper	nt signature i	required wh	en reinstating)		DATE		
12.	OFFICERS AN				13.				ADDITIONS/CHANGE	S TO OFFICE	RS AND	DIRECTOR	RS IN 12
TITLE	D		☐ DE	LETE	1.1 1	ΓLE		Ď				Change	Addition
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1			☐ DE		2.1 1(1	TLE	ļ.	N.	AY BEACH 1	-C 33	48	Change	Addition
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14. Too 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 oath; that I am an officer or director of the corporation or the receiver or trystee 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 any attachment with an address

SIGNATURE: