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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000040087 (7)

FILED Feb 24 1997 8:00am Secretary of State

#8 ACA Principal Prace #8 ACACIA DE BOYNTON BEA	RIVE	Mailing Address #8 ACACIA DRIVE BOYNTON BEACH FL 33	136-5515		
				3. Date Incorporated or Qualified	1
2 Principal P	lace of Business	2a. Mailing Address		06/03/1993 4. FEI Number	04/12/1996 Applied For
21 26			68-0308396	Not Applicable	
Suite, Apt #, etc. Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27 27				8, Destings of Oktion Desired	Fee Required
City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for	
24	25]	29	30		Yes No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	legistered Agent
	WART, WENDELL M		81 Name		
#8 ACACIA DRIVE BOYNTON BEACH FL 33436			82 Street Add	dress (P.O. Box Number is Not Accept	able)
			83		
			63		
			84 City		FL 85 Zip Code
SIGNATURE	Signature: typical or printed name of registersola	gent and title if applicable. (NC	TE: Registered Agent signature req		DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	CHERS AND DIRECTORS IN 12 Change Addition
TITLE Namů	STEWART, WENDELL M		1.2 NAME		Ci Origings Ci Addition
STREET ADDRESS	#8 ACACIA DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 City-St-ZiP		
TITLE	SVP	DELETE	2.1 TITLE	***************************************	Change Addition
NAME	STEWART, TWYLA M		2.2 NAME		
STREET ADDRESS	#8 ACACIA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	T Drifts	2.4 CITY-ST-ZIP		Cl Observe L LAGREST
TITLE		DELETE	3.1 TITLE		Change Addition
NAME PROCES AND DECK			3.2 NAME	;	" ,
STREET ADDRESS :			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		<u> </u>	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIF			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C(TY+ST-7)P	10.010.010.010.000.0000.0000.0000.0000.0000.0000.0000	DELETE	5.4 CITY - \$1 - ZIP		☐ Change ☐ Addition
TITLE		ר"ו הנונונ	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	•	
			64 CITY-ST-ZIP		
CITY-ST-ZIP	I		unoniral-th.		

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 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 ecceiver 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 only an attachment with an address.

SIGNATURE: (