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

1997

DOCUMENT # **P93000052746 (3)**

Principal Place of Business 1601 BELVEDERE RD. WEST PALM BEACH FL 33406 Mailing Address 1601 BELVEDERE RD. WEST PALM BEACH FL 33406 MEST PALM BEACH FL 33406									1				
											3. Date Incorporated or Qualified 07/28/1993 3a. Date of Last Report 04/29/1996		
Principal Place of Business 21					2a. Mailing Address 26						4. FEI Number Applied For 65-0432696 Not Applicable		
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required		
22 City & State					City & State					·	6. Election Campaign Financing \$5.00 May Be		
Zip Country					Zip Cour						Trust Fund Contribution Added to Fees		
Zip Country 25			29	29 30			our ita y	,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes \(\bigs_{\text{Ves}}\) Yes \(\bigs_{\text{No}}\) No			
Name and Address of Current Registered Agent											10. Name and Address of New Registered Agent		
PALMAREILLO, JOAN 1601 BELVEDERE RD							81			ess (P.O. Box Number is Not Acceptable)			
STE 501, SOUTH WEST PALM BCH FL 33406								83]		ess (r. d. dox Normaer is Not Acceptable)		
W	EST PALM I	3CH	FL 33406					84	ļ				
									City		FL 85 Zip Code		
SIGNATURE Signature typed to prived hand of registrated agent and little / applicable (NOTE: Registered Agent signature) 12. OFFICERS AND DIRECTORS 13. TITLE D DELETE 1.1 TITLE									re require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME	BUDDEMEYER, DAVID				C Ditter			1.2 NAME RO			bert D. Ruffin		
STREET ADORESS	STREET ADDRESS 1601 BELVEDERE RD. OHY-ST-716 W. PALM BCH. FL 33406							STREE	ADDRESS	,	01 Belvedere Road, Suite 5018		
CITY-ST-7IF	W. PALI	N BC	H. FL 33406	,		DELETE	_	CITY - !	ST-ZIP	We	est Palm Beach, FL 33406		
NAME	1					CJ bearing	1	NAME			Li status		
STREET ADDRESS	;]						2.3	STREET	T ADDRESS	1			
CHY-ST-ZIP						☐ DELETE		4 CITY- I TITLE	ST-ZIP	 	Change Addition		
TITLE NAME					L Detere			3.2 NAME			Change Addition		
STREET ADDRESS	; }								T ADDRESS	1			
CITY - S1 - ZIP	J							I. CITY-	ST-ZIP	<u> </u>			
TILLE						DELETE		I TITLE		1	☐ Change ☐ Addition		
NAME STREET ADDRESS	,						- 1	2 name 1 stree	t address				
CITY-ST-ZIP								CITY-					
1/TLF						DELETE	5,1	TITLE			☐ Change ☐ Addition		
NAME								NAME		1			
STREET ADDRESS	,								T ADDRESS				
CITY - ST - 7IP						DELETE		CITY-S	oi-zir	 	Change Addition		
NAME								NAME					
STREET ADORESS	, [6.3	STREE	T ADDRESS	1			

Robert D. Ruffin

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 09 1997 8:00am

Secretary of State