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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000053254 (7)

HORN & BACHE, P.A.

Principal Place of Business		Mailing Address				i definite ing street tills opini after doubt agine array time man valle and rad.			
4140 LAKE WOLLAKE WORTH F			4140 LAKE WORTH ROAD LAKE WORTH FL 33461-3932						
						3. Date Incorporated or Qualified 07/21/1993		te of Last Re 16/1996	eport
2. Principal Pla	ace of Business	2a. Mailing Addre	ess			4. FEI Number		Ap	plied For
21		26				65-0424226			t Applicable
Suite, Apr. #, etc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
	Country	Zip	Co	untry	,	8. This corporation has liability for	intangible	tax under s	. 199.032,
	120	[28]	30				Yes [
	9. Name and Address of Curre	nt Registered Agent		104		10. Name and Address of New Re	gistered	Agent	
	n, timothy			81	Name				
	LAKE WORTH ROAD					dress (P.O. Box Number is Not Acceptable)			
LAKI	E WORTH FL 33461			83					
				84	City			85 Zip (Code
				1			FL	.	
office or re agent. Far SIGNATURE	egistered agent, or both in the State in familiar with, and accept the oblig	e of Florida. Such chan pations of, Section 607.	ge was authoriz 0505, Florida St	ed by atute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acception	ot the app	ointment as	registered
12.	Signature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS	(NOTE Hegister	<u>_</u>	oni signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
TITLE	D	DE DE		TITLE				Change	Addition
NAME	HORN, TIMOTHY R		1.2	NAME					
STREET ADDRESS	338 CORNELL DRIVE		1.3	STREE	T ADDRESS				ļ
C(TY-\$1-2)f	LAKE WORTH FL		1.4	CITY-	ST-ZIP				
TiTLE	D	☐ DE	LETE 2.1	TITLE			•	☐ Change	Addition
NAME	BACHE, REBECCA C	_	2.2	NAME			•		
STREET ADDRESS	9604 EL CLAIR RANCH ROAI)	2.3	STREE	T ADDRESS		•		
CITY-ST-7#	BOYNTON BEACH FL				ST-ZIP			Channe	Addition
THU		☐ DE		TITLE				Change	Addition
NAME				NAME	1				
STREET ADDRESS					T ADDRESS :				
CHTY - ST - ZIP TITLE		Di		TITLE	31-20			Change	Addition
NAME		-	4. 2	NAME					
STREET ADDRESS					T ADORESS				
City-St-7iP			4.4	CITY-	ST-ZIP				
TILLE		DI	ELETE 5.1	TITLE				Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREE	T ADDRESS				
CHY+ST-ZIP					ST-ZIP	 			Address -
TITLE		[0		TITLE				Change	Addition
NAME				NAME	Į.				
STREET ADDRESS			6.3	STREE	T ADDRESS				

6.4 CITY - ST - ZIP

SIGNATURE:

14. Lo 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 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 on an attachment with an address.

FILED

Apr 02 1997 8:00am

Secretary of State