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 # P93000059243 (4)

NANCEE J. MALMOS, P.A.

Prin	اعدادد	Piece	Λĺ	Business	
,,,	·oiba:	1 1000	v	P00111000	
	4.5				

THE REPORT OF THE PARTY OF THE

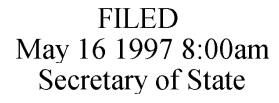
Mailing Address

2a. Mailing Address

680 LOCK ROAD DEERFIELD BEACH FL 33442

SIGNATURE:

680 LOCK ROAD DEERFIELD BEACH FL 33442-3604





3a. Date of Last Report

3. Date Incorporated or Qualified

08/24/1993

2. Principal P	nclpal Place of Business		2a. Mailin	2a. Mailing Address			4, FEI Number			Ap	plied For	
21			26	26				65-0462401		No	Not Applicable	
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired	×	\$8.75 Additional Fee Regulred			
City & State			— ·	City & State			6. Election Campaign Financing \$5.00 May Be					
Zip Country				Zip Counti				Trust Fund Contribution		Added t		
24]		25	29		30	on a		8. This corporation has liability to			. 199.032,	
(4)	o Name	and Address of Curre		Acent	1301	Florida Statutes Yes No 10. Name and Address of New Registered Agent						
414			in nogratores :	- gont		81	Name	10. Name and Address of New I	ogistorou	vaeiii		
MALMOS, NANEE J 680 LOCK ROAD DEERFIELD BEACH FL 33442					•		710.712					
						62	Street Addr	ess (P.O. Box Number is Not Accepta	ible)			
						83						
					:	"					ĺ	
						84	City		<u> </u>	85 Zip (Code	
A. D	ta 4h a ==- '-		007 450	6 Fig. 22 - 65 - 1				The state of the s	<u>FL</u>	<u>. </u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										s registered registered		
agent. I a	am familiar w	ith, and accept the oblig	ations of, Secti	on 607.Õ505, Flo	orida St	atutes	S.	· · · · · · · · · · · · · · · · · · ·	-,			
SIGNATURE				·								
	Signature, typed	or printed name of registered ag					niuper erutengia tre	ed when reinstating)	DATE			
12.	1.6	OFFICERS AN	ID DIRECTORS	DELETE	13			ADDITIONS/CHANGES TO OFF	ICERS AND			
	D	N NIANOTE I		□ viceit		TITLE	1			Change	Addition	
KAME		S, NANCEE J				NAME)				Į	
STREET ADDRESS		K ROAD					ADDRESS				l	
CITY-ST-ZIP	DEERFIL	LD BEACH FL		The second		CITY - S	ST - ZIP					
TITLE	1			DELETE		TITLE	}			Change	Addition	
NAME)					NAME					,	
STREET ADDRESS	ļ				2.3	STREET	ADDRESS		-		ļ	
CITY-ST-ZIP	 	····				CITY-	ST-ZIP					
TITLE	}			☐ DELETE	31	TITLE	1			Change	Addition	
NAME]				3.2	NAME	}					
STREET ADDRESS	ļ				3.3	STREET	ADDRESS]	
CITY-ST-ZIP					3.4	CITY-	ST-ZIP					
TITLE				DELETE	4.1	TITLE				L Change	☐ Addilion	
NAME	-				4.2	NAME	1					
STREET ADDRESS	·				4.3	STREET	ADDRESS					
CITY-ST-ZIP	<u></u>				4.4	CITY-S	ST - ZIP					
TITLE				DELETE	5.1	TOTLE				Change	☐ Addition	
NAME					5.2	NAME						
STREET ADDRESS	[5.3	STREET	ADDRESS					
CITY-ST-ZIP					5.4	CITY-S	ST-ZIP					
TITLE]			DELETE	6.1	TITLE				☐ Change	Addition	
NAME	1				6.2	NAME	1					
STREET ADDRESS					6.3	STREET	ADDRESS					
CITY-ST-ZIP	1				6.4	CITY-S	ST-ZIP				ļ	
14. I do here	by certify the	at the information supplie	d with this filing	does not quali	fy for th	e exe	mption stated	in Section 119,07(3)(i), Florida Statul	es I furthe	r certify that	the	
intormatic	on indicated Officer or dire	on this annual report or octor of the comporation of	supplemental a ir the receiver o	innual report is t ir trustee empov	true and vered to	l acci	urate and that oute this renor	my signature shall have the same leg t as required by Chapter 607, Florida	gal effect a Statutes: a	s if made un and that my r	der oath; that name	
appears	In Block 12 d	or Block 13 if changed,	or on an attachr	nent with an ad-	dress.	SAUC	(10por		J	trickt triy t		