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

Principal Place of Business Address 2499 GLADES RD. SUITE 513 BOCA RATON FL 33431 P93000059348 (1) Mailing Address 2499 GLADES RD. SUITE 513 BOCA RATON FL 33431					3. Date Incorporated or Qualified 3a. Date of Last Report			
					08/24/1993		10/1996	өрөп
	ace of Business	2a. Mailing Address			4, FEI Number			plied For
	SW. ITEOURT	26 631 Sw.	177#	COURT	65-0432150			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	
23 BOCA	RATION, FL	28 BOCA RATO	N, FL	<u>. </u>	Trust Fund Contribution			lo Fees
Zip 24 _ 334 9	6 25 PAIM BEAG	h 29 33486	* Country	BERCH	This corporation has liability for Florida Statutes	r intangible Yes [. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10, Name and Address of New F	egistered	Agent	
	SS, RONALD		81	Name				
631 SW 17TH CT. BOCA RATON FL 33486			82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
			83					
			64	City		FL	85 Zip (Code
44 Pursuant	to the provisions of Sections 607.05	Ω2 and 6Ω7 15Ω8. Florida Statu	tes the abou	e-named corro	vation submits this statement for the on's board of directors. I hereby acc			registered
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	eni signalure require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS ANI	DIRECTOR	RS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition
NAME	RIESS, RONALD		1.2 NAME					
STREET ADDRESS	631 S.W. 17TH COURT BOCA RATON FL 33486			ADDRESS				
City St - Zif	D DOOR HATON PL 33400	DELETE	1.4 CITY - : 2.1 TIFLE	ST-ZIP			Change	Addition
NAME	RIESS, DANIELLE	head =	2.2 NAME	}			•	
STREET ADDRESS	631 S.W. 17TH COURT		2.3 STREE	ADDRESS				
CITY+S1-ZIP	BOCA RATON FL 33486	700 bibb775 bib. bib	2. 4 CITY-	ST-ZIP				·
TOTALE		DELETE	3 1 TITLE				Change	Addition
NAME execut appeared			3.2 NAME	ADDRESS				
STREET ADORESS CITY-ST-7/P			3.3 STREE 3.4. CITY-	ST. 7P				
TITLE		DELETE	4.1 TALE	U. 411			Change	Addition
NAME			4. 2 NAME	ļ				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-7/P	* 15 to *****************************	T procte	4.4 CITY-	ST - ZiP			Chanas	Addition
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREE	T ADDRESS				
City - ST - 7IP			5.4 CITY-					
TITLE		☐ DELETE	6 1 TITLE		······································		Change	☐ Ad dition
NAME			62 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				

6.4 CITY-ST-ZIP 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED

Apr 21 1997 8:00am

Secretary of State