## 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 OCUMENT # P9300060547 (5)

SIGNED, SEALED & DELIVERED, INC.

## **FILED** May 13 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 938 FLAMANGO LAKE DR. 938 FLAMANGO LAKE DR.												
	EACH FL 33406		A BEACH FL 3		<b>!</b>							
1							3. Date Inco 08/27/1	rporated or Qualified <b>993</b>		ate of Last 04/1996		
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Numb		<u></u>	<u> </u>	Applied For	
<u>ज</u> ि		26					65-043	35749			Not Applica	ble
Suite, Apt.	#, etc.	Suite, A	<u> </u>				5. Certificate	of Status Desired	ed S8.75 Additional Fee Required			
City & State	9	City & 5 28	State				1	ampaign Financing d Contribution			O May Be d to Fees	
Ζip	Country	Zip			ıntry		1	oration has liability for			s. 199.032	2,
24	25     29   9. Name and Address of Current Registered Agent			30			Florida Statutes Yes No  10. Name and Address of New Registered Agent					
FAT		rrent Registered Aç	jeni		81	Name	10. Name an	d Address of New Re	egiatered .	Agent		
	ORNELL, OLGA				"	Marie						4
	FLAMANGO LAKE DR. ST PALM BEACH FL 33406				82	Street Addre	dress (P.O. Box Number is Not Acceptable)					
					83							7
					84	City				85 Zi	p Code	
									FL		,	
office or re	to the provisions of Sections 607. egistered agent or both, in the S m familiar with, and accept the o	tate of Florida Such	change was a	uthorize	d by	the corporation	oration submits on's board of di	this statement for the rectors. I hereby acce	purpose of pt the app	changing ointment a	j its register as registere	red ed
SIGNATURE	· · · · · · · · · · · · · · · · · · ·		4107	e Barrer	7.				DATE			_
12.	Signarize typical or printed name of registors  OFFICERS	d agent and lifte if applicable AND DIRECTORS	e (NUII	13.	a Age	nt signature required		CHANGES TO OFFI		DIRECTO	ORS IN 12	<b>-</b> - @
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NAME	ESTORNELL, OLGA			1.2 N	AME							3
STREET ADDRESS	938 FLAMANGO LAKE DR.			1.3 \$	TREET	ADDRESS						[
CITY-SI-ZIP	WEST PALM BEACH FL 33	3406		1.4 0	ITY-S	T-ZIP						, jš
TITLE	D		DELETE	2.1 (	TLE			,		Change	e 🔲 Addi	ition
NAME	ESTORNELL, RAMON			22 N	AME							
STREET ADDRESS	938 FLAMANGO LAKE DR.			2.3 S	TAEET	address						- [
CITY - \$1 - ZIP	WEST PALM BEACH FL 33	3406		2.4(	)TY - 5	I-ZIP						
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NAME				4.21								- }
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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 altad ment with an address.

SIGNATURE: