## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOOL	1996	DIVISION O	CORPORATIONS			
1. Corporation	MENT # P9300 PE, INC.	00085103 (8	3)			
LZ 1111	I Li INO			# 1 <b>46</b> 07 <b>00</b> 0 190 <b>00</b> 4000 <b>44</b> 00 <b>60</b> 00	<b>  1</b>   1   1   1   1   1   1   1   1   1	<b>iā</b> i 11 <b>a</b> ii <b>12aiai</b> 1114 1 <b>4a</b> i
Principal Place	of Business	Mailing Address				
2225 IDLEWI		_				
BAY 5	LD NOND	P.O. BOX 32026 BAY 5				
PALM BEACH	H GARDENS FL 33410	PALM BEACH GARDE	NS FL 33420-2026	2 Data bases a stand or O. eliford	<b>6</b> - 000 00	
		US		3. Date Incorporated or Qualified 12/06/1993	3a. Date of L	ast Report   <b>/1995</b>
2. Principal Place of Business 13348 (p1ST STREET N . 26				4. FEI Number	- <del></del>	Applied for
11 13348 (p ST 37KEET N .   26   Suite, Apt. #, etc.				65-0424443		Not Applicable
27 27				5. Certificate of Status Desired	<b>∞</b> \$	<b>8.75</b> Additional Fee Required
City & State		Oity & State		6. Election Campaign Financing		55.00 May Be
23 WEST PARM BEACH FC [28]				Trust Fund Contribution		Added to Fees
a 3341	Country	Ziρ	Country	8. This corporation has liability for		der s. 199.032,
4 337	9. Name and Address of Curre	29	[30]	Florida Statutes Yes		
	5. Hallo and Address of Carre	THE MEGISTERE AGENT	81 Name	10. Name and Address of New R	egistered Agei	1t
QUINT.	MICHELLE L		<u>_</u>		ers.e	
	IST STREET		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	PALM BEACH FL 33412		83			
			84 City			
				pration submits this statement for the pur		Zip Code
SIGNATURE _	th, and accept the obligations of, Sec Signature, types or presentations of registerestage Of FICERS AN		6. ÖLE Regintered Agenit signaturu orquin ————————————————————————————————————		CATE	FOTODO IN 10
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CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	for the exemption stated in Section 119 (		· •

WINT - MICHELLE L. QUINT 4/15/96 SIGNATURE: (