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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006118 (1)

Principal Place of Business Mailing Address 18240 181ST CIRCLE SOUTH BOCA RATON FL 33498 BOCA RATON FL 33498-1635								
					3. Date Incorporated or Qualified 01/24/1994	3a. Date of 06/04/1		
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0478073		Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional	
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip	Country	Zip	Countr	у	8. This corporation has liability for	intangible j ax u	nder s. 199.032,	
24	25	29	30			Yes No		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	glatered Agent		
SANDERS, STEPHEN B 18240 181ST CIRCLE SOUTH BOCA RATON FL 33498				82 Street Address (P.O. Box Number is Not Acceptable) 83				
11. Pursuant office or	to the provisions of Sections 607,05 registered agent, or both, in the State	02 and 607 1508, Florida Stal e of Florida. Such change wa	tutes, the aboves authorized b		poration submits this statement for the tion's board of directors. I hereby acce	FL 85	Zip Code ging its registered ent as registered	
agent La							•	
	Signature, typed or printed name of registered ag			eni signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		CTORS IN 12	
TOLE NAME STREET ADDRESS	SANDERS, STEPHEN BRIAN 18240 181ST CIR S	L'I DECEIE	1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS		LJ v	nange LJ Adulion	
City-St-ZiP	BOCA RATON FL		1.4 CITY	1				
TITLE	ST	DELETE	2.1 TITLE			C	hange Addition	
NAME	SANDERS, BEVERLY		2.2 NAME	1			-	
STREET AUDRESS	18240 181ST CIRCLE S		2.3 STREE	T ADDRESS				
CITY - ST - ZIP	BOCA RATONA FL		2. 4 CiTY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			C	hange 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADORESS				
CITY - ST - ZIP			3.4. CITY-	ST-ZIP				
TITLE		DELETE	4.1 TITLE			□ c	hange Addition	
NAME	1		4. 2 NAME					
STREET ADDRESS	{		4 3 STREE	T ADDRESS				

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 of

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-7:P

STREET ADDRESS

STREET ADDRESS

City-St-7iP

CITY - ST-ZIF

THUE

NAM!

TITLE

NAME

DELETE

DELETE

Change

☐ Change

FILED

May 02 1997 8:00am

Secretary of State

Addition