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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400007769 (0)

Principal Place of Business Mailing Address 16428 79TH TERRACE NORTH 16428 78TH TERRACE NORTH PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 3						23				
							3. Date Incorporated or Qualified 01/21/1994		of Last Re 6/1996	eport
2. Principal P	lace of Busi	ness		2a. Mailing Address			4. FEI Number 65-0577357			plied For
Suite, Apt.	#, elc		} ₁	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 A	
City & Stat	е	·		City & State			6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees			
Zφ	· ·		Zip			ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes V No			
24	24 25 29 29 29 29 29 29 29 29 29 29 29 29 29			Agent	30		Florida Statutes 10. Name and Address of New Re			
WA.		RICHARD N		7.9	8	1 Name	10.	3.5.5.5.5.7.1	<u> </u>	
16428 79TH TERRACE NORTH					8	2 Stroot Add	ress (P.O. Box Number is Not Acceptal	nio)		
PALM BEACH GARDENS FL 33418					0,	Z Street Audi	ress (F.O. Box Number is Not Acceptain	ж)		
					6:	3				
				•	84	4 City			85 Zip (Code
						<u> </u>		FL		
1	registered ag ini familiar w	gent, or both, in the	e State of Florida. Su e obligations of, Sect	ich change was tion 607.0505, Fl	authorized to orida Statute	by the corporal es.	poration submits this statement for the p tion's board of directors. I hereby acce	pt the appoin	ntment as	registered
SIGNATURE	Signature types		lored agent and title if applic		E Registered A	gent signature requi	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFIC			
THILE	D	URY, RICHARD	N	DELETE	1.1 TITLE	j		L	Change	Addition
NAME		ONT, NICHARD OTH TERRACE I		1.2 NAME						
STREET ADDRESS		EACH GARDENS				ET ADDRESS				
CITY-ST-ZIP	,,,_,,	21011 02 210	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	1.4 CITY- 2.1 TITLE				Change	Addition
NAME					2.2 NAME			_		
STREET ADDRESS					1	ET ADDRESS		e		
CiTY - S1 - ZIP					2. 4 CITY	-ST-ZIP				
TITLE				DELETE	3.1 TITLE				Change	Addition
NAME					3.2 NAME	E				
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CHTY-ST-ZIP				I DELETE	3.4. CITY				T 65	# 2 4 5 to 1
TITLE				DELETE	4.1 TITLE	· ·		L.	Change	Addition
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STREET ADDRESS	}					ET ADORESS				l
CITY-ST-ZIP TITLE				DELETE	4.4 CITY- 5.1 TITLE				Change	Addition
NAME	}			Land VILLEIL	5.2 NAME			h	m winning	raddition
STREET ADDRESS	İ					ET ADORESS				
CITY-ST-7IP					5.5 STREE	Į į				ļ
TITLE	·····			DELETE	61 TITLE			[Change	Addition
NAME					6.2 NAME	i		•		

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 or changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE: /CO.

STREET ADORESS CITY-ST-ZIF

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

--29-/997 Date Daytime

FILED

May 07 1997 8:00am

Secretary of State

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