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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 07 1997 8:00am Secretary of State

561 362-4303

<u></u>	1997	DIVISION	OF CORPORA	ATIONS			
	MENT # P9400 GAMMA, INC.	0011003 (	8)			. 4.644: 1944: 1964: 4.644: 4.64	
Principal Place	e of Business	Mailing Address					188 IIII IBBI
ONE SOUTH OCEAN BLVD.		ONE SOUTH OCEAN BLVD.					
312		312			{		
BOCA RATON FL 39431 US		BOCA RATON FL 33432-5143 US			Carlo bases are tad as Oscillad	Dota of Leat	Donord
06		00			3, Date incorporated or Qualified 3a, Date of Last Report 02/04/1994 05/01/1996		1epon
2. Principal Place of Business		28, Mailing Address			4. FL! Number		pplied For
21		26			65-0481377	)—- <del>-</del> 1	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional
22		27			Feo Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
23 Zip	Country	28 Zip	Cou	ntry	Trust Fund Contribution  8. This corporation has liability for i		
24	25	29	30	•		Yes No	1. 100.002.
	g, Name and Address of Curr				10. Name and Address of New Re	gistered Agent	
	EGORY L. SAMMONS			81 Name			Ì
	E SOUTH OCEAN BLVD.		E		ress (P.O. Box Number is Not Acceptab	le)	
	TE 312						
800	CA RATON FL 33431			83			1
				84 City		FL 85 Zip	Code
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of right times.	te of Florida, Such change gations of, Section 607.05	was authorized 05, Florida Stat	d by the corpora	poration submits this statement for the p tion's board of directors. Thereby accep	or pase of changing at the appointment as	registered
12.	<del></del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	D	□ DITE	IE 11TO	lif		Change	Addition
NAME	SAMMONS, GREGORY L		1.2 N/	1			(;
STREET ADDRESS	1001 NE 2ND TERRACE			HEFT ADDRESS			Į.
CITY-ST-ZIP	BOCA RATON FL 33432	DEIT		1Y-S1-7IP		Change	Addition
TITLE NAME			14 2 1 10 2.2 N/	1		Change	L. HOGINON
STREET ADDRESS			Ti .	RELT ADDRESS			}
CITY-SI-ZIP				HY-SI-ZIP			
TITLE		Dite				Change	Addition
NAME			3 2 N/	ME			Į.
STREET ADDRESS			3.3 \$1	HEET ADDRESS			l
CITY-ST-ZIP				PY-S1-ZIP			
TITLE		□ DELE				L. Change	L_] Addition
NAME (			4 2 N	j			
STREET ADDRESS			1	REFT ADDRESS   TY - ST - ZIP			
CITY-ST-ZIP TITLE		1130				Change	Addition
NAME		_	5.2 N/	!			
STREET ADDRESS			5 3 51	REET ADORESS			
CITY-ST-ZIP				17 - S1 - ZIP			
TITLE		DELL	IE 6170	111		Change	Addition
NAME			6.2 N/	/ME			
STREET ADDRESS	1		6351	REET ADDRESS			ł

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 eath; 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 3 if charged, often an address.

GOSLORY L. SAMMONS