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

POCUMENT # P94000016436 (5)

Principal Place of Business	Mailing Address
433 PLAZA REAL. SUITE 335	433 PLAZA REAL, SUITE 335

FILED May 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 433 PLAZA REAL. SUITE 335 BOCA RATON FL 33432 BOCA RATON FL 33432					
				3. Date Incorporated or Qualific	
Dringing C	Place of Business	2a. Mailing Address		03/02/1994 4. FEI Number	05/01/1996
2, Frincipal F	INCO OF COSITIONS	26 Yearing Acquess		65-0474099	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip : "1	Country	1	for intangible tax under s. 199.032,
24	[25]	[29]	<u> </u>	Florida Statutes	Yes X No
00	Name and Address of Current AGG, K L	meðistalen viðelit	81 Name	10. Name and Address of New	บอลิเจเลเลก พลิลเก
	ITE & CASE				
	S BISCAYNE BLVD. SUITE 4900		82 Street Add	dress (P.O. Box Number is Not Accep	itable)
	Mi FL 33131		83		
*****			24 00		[0-] 7: O-1:
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typod or printed name of registered agen OFFICERS AND	DIRECTORS	OH : Hegistered Agent signature req		DATE FICERS AND DIRECTORS IN 12
TITLE	DP	DITEIL	1.1 1/TEF		Change Addition
NAME	GROCKER, THOMAS J 433 PLAZA REAL, SUITE 335		1.2 NAME		
STREET ADDRESS	BOCA RATON FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	T	DELETE	2.1 TITLE		Change Addition
NAME	ONISKO, ROBERT E.		2.2 NAME		
STREET ADDRESS	433 PLAZA REAL, STE 335		2.3 STREET ADDRESS		
CITY-S1-ZIP	BOCA RATON FL		2 4 CITY - S1 - 7IP		
TITLE	VP	DELFTE	3 1 TITLE		Change Addition
NAME	ACKERMAN, RICHARD S.		3.2 NAM:		
STREET ADDRESS	433 PLAZA REAL, STE 335		3.3 STHEET ADORESS		
CITY-ST-ZIP	BOCA RATON FL	······································	3.4. CHTY+ ST - 7IP		
TITLE		☐ DELETE	4.1 Tillet		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Three or	4.4 CHY - S1 - Z0'		Change Lauden
TITLE		☐ DELETE	5.1 1/11 (Change Addition
NAME CTOCCT ADDDCCC			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CHY+S1+ZIP 61 THEF		Change Addition
NAME		E3 MILL	6.2 NAME		C Owner C Monton
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	by certify that the information supplied	with this billion done not our		ad in Section 119 07/3)(i) Florida State	uton. I further certify that the

information indicated on this annual region of the receiver or the appears in Block 12 or Block 13 il changed or on an attention of the service of the appears in Block 12 or Block 13 il changed or on an attentional y report is true and accurate and that my signature shall have the same legal officel as if made under eath; that de-entropy cred to execute this report as required by Chapter 607, Florida Statutes; and that my name