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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000021257 (8)

WILLIAM A. FLECK, P.A.

Principal Plac	o of Business	Mailing Address							
Principal Place of Business 6850 W INDIANTOWN RD 200 JUPITER FL 33458 US		**	6650 W INDIANTOWN RD 200 JUPITER FL 33458-3971 US						
						3. Date Incorporated or Qualified 03/18/1994	9d 3a. Date of Last Report 05/01/1996		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	A	Applied For
21		26				65-0477675		1	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00) May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry	/	8. This corporation has liability for it			s. 199.032,
24	25	29	30				Yes D		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	pistered /	Agent	
FLE	CK, WILLIAM A			81	Name				
665				Street Addr	dress (P.O. Box Number is Not Acceptable)				
SUI	ITE 200		82 Street Addr			1003 (1.0. Don Hambal to Hot Hoodplate	107		
JUF	PITER FL 33458			83					
				L.				I I	
				84	City		FL	85 Zip	Code
	am familiar with, and accept the obli- Signative typed or punted notes or experient	gations of, Section 607 0505, F	lorida Sta	tute	S.	tion's board of directors. I hereby acception is board of directors. I hereby acception is a second of the constating of the constant of the constating of t	DATE		s registered
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	0	DELETE	111	ITLE				Change	Addition
NAMÉ	FLECK, WILLIAM A		12 N	AME					
STREET ADORESS	6650 W INDIANTOWN RD ST	TE 200	135	TREET	T ADDRESS				
CITY - ST - ZIP	JUPITER FL		140	HY-8	ST - ZIP				
THTLE		☐ DFLETE	21 T	ITLE				Change	Addition
NAME			22 N	IAME					
STREET ADDRESS			235	TREE	T ADDRESS				
CITY - ST - ZIP			2 4 (СПҮ-	ST-ZIP				
TITLE		DELETE	3 1 Ti	ITLE	-			☐ Change	Addition
NAME			3 2 N	IAME					
STREET ADDRESS			33\$	TREE	T ADDRESS				
CITY-ST-ZIF					ST-Z(P				
TITLE		☐ DELET€	4.1 T	IΤLE				Change	Addition
NAME	Į.		4. 21	VAME	-				
STREET ADDRESS			4.3 S	TREE	1 ADDRESS				
CITY-ST-Z®			4.4 C	HY-!	S1 - 21P				
THLE		DELF1E	5.1 T	ITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREE	T ADDRESS				
CHY-ST-ZIP]		5.4 0	HY-	ST-ZIP				
TITLE		DELETE	6.1 T	ITLE				Change	Addition
NAME			6.2 N	IAME					
STREET ADDRESS			635	TOFF	I 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 or Block 13 if changed or an attractment with an address

JAN. 6, 1997