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 # P94000021717 (1)

APPEARANCE DYNAMICS, INC.

Principal Place of Business

Mailing Address

IBJOR STALLOW ISLES DE

40400 CDANICH ICUTO DI

FILED May 01 1997 8:00am Secretary of State



BOCA RATON FL 33496			BOCA RATON FL 33496-1831							
								3. Date Incorporated or Qualified 03/15/1994	3a. Date of Last 04/22/1996	
2. Principal P	lace of Busine	085	2a, Ma	2a, Mailing Address				4. FEI Number		Applied For
21	# -4-		26	· · · · · · · · · · · · · · · · · · ·				65-0470993		Not Applicable
Suite, Apt.	#, etc.		⊢¬	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	Additional
22 City & State			27 City	City & State						Required
23	-			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Zip Country			Zip Country				8. This corporation has liability for intangible tal under s. 199.032,		
24					30			Florida Statutes Yes Yes No		
		ent Registered					10. Name and Address of New Registered Agent			
CORRADO, RICHARD 18465 SPANISH ISLES PL BOCA RATON FL 33496						81 82	Name Street A	Address (P.O. Box Number is Not Acceptable)		
						83				
						84	City		FL B5 Zi	p Code
11. Pursuant office or re agent. I a	to the provision egistered ago m familiar with	ons of Sections 607.05 ont, or both, in the Stat h, and accept the obli	02 and 607.15 e of Florida. S gations of, Sec	508, Florida Stati uch change was stion 607.0505, F	utes, the ab s authorized Florida Statu	ove by tes	named c the corpo	orporation submits this statement for the p ration's board of directors. I heroby accep	urpose of changing	its registered as registered
SIGNATURE	Signature, typed o	or printed name of registered a	gent and the 4 appl	icable (NC	OTE: Registered	Age	nt signature re	quired when reinstating)	DATE	
12,		OFFICERS A	ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	D			DELETE	1.11 1	LE.			☐ Change	Addition
NAME		D, RICHARD			1.2 NA					
STREET ADDRESS		ANISH ISLES PL					ADDRESS			
CITY-ST-ZIP TITLE	DUCA NA	TON FL 33496		DELETE	1.4 CIT 2.1 TIT	~	I - ZIP		Change	Addition
NAME				LJ beech	2.1 III 2.2 NAI		j		Change	3 Addition
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					2.4 CI		- 1			
TITLE				DELETE	3.1 TIT				☐ Change	Addition
NAME					3.2 NAI	ME	Į			İ
STREET ADDRESS					3.3 STF	RET,	ADDRESS			
CITY-ST-ZIP					3.4. CI	TY-\$	1 ZIP			
TITLE				☐ DELETE	4.1 111	LF			Change	Addition
NAME					4 2 NA	ME				
STREET ADDRESS					4.3 STF	RET	ADDRESS			1
CITY-ST-ZIP				DELETE	4.4 CIT		- ZiP			
TITLE				DEFETE	5.1 111				Change	e
NAME STREET ADDRESS					5.2 NAI		.e.e.e.e.			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE				DELETE	5.4 CIT 6.1 TrTI	_	- ZIP		☐ Change	Addition
NAME				DETECT	6.2 NA					, L.J AUUIRON
STREET ADDRESS					1		ADDRESS			
CITY-ST-ZIP										
VIII OF CIF					6.4 011	1.51	- 111			

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 Block 12 or Block 12 or Block 13 or Block 14 or Block 15 or Block 14