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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000023679 (1)

FILED
Jan 29 1997 8:00 am
Secretary of State

	AL HWY	Mailing Address 8000 N FEDERAL HWY BOCA RATON FL 33487-1	620		
governmiteri		www.currwis.co.wu.wi.f		3. Date Incorporated or Qualifie	
				03/22/1994	04/17/1996
	ace of Business	2a. Mailing Address	ميكلين	4. FEI Number	Applied For
21 // 44-C Suite, Apt. 1	Menglis Center Driva	26 // 4 E . Ve Suite, Apt. #, etc.	wput Center D	1/ve 65-0489391	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23	1 11 11 11 11 11 11	City & State 28 Depte	Beach FL	6. Election Campaign Financin Trust Fund Contribution	g \$5.00 May Be Added to Fees
Zip	Country	Zip	Country		for intangible tax under s. 199.032,
24 3344	2 25 USA	29 33442 Paristered Apont	30 USP	Florida Statutes	Yes U No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POINTIEV W ANCHAEL 81 Name 1					
DRIPALET, VI. MICHAEL				object A Lefco	y d
STE 1800			82 Street	Address (P.O. Box Number is Not Accept	Center Orive
FT LAUDERDALE FL 33301			83		
			84 City	leerfield beach	FL 85 Zip Code 33442
11, Pursuant t	to the provisions of Bections 6 07.0502	and 607.1508 Plorida Statu	tes, the above-named	corporation submits this statement for the	
11. Pursuant to the provisions of Bections 607,0502 and 607,1508. Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Erdida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes.					
SIGNATURE		Herens	,	•	//7/87
	Signature liqued or permit raiming a lagranged Jent	<u> </u>	TE Registered Agent signature		DAY
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE NAME	P Burrell, Paul M	ET DETEIL	1.1 TITLE 1.2 NAME	Authority Avector	Cuange Magnion
STREET ADORESS	8000 N FEDERAL HWY		1.3 STREET ADDRESS	11 11 11 11 11 11 11 11 11 11 11 11	റെക്
CITY-ST-ZIP	BOCA RATON FL		1.4 CHTY-ST-ZIP	Deertield Beach FL	22445
TITLE	D	DECETE	2.1 TITLE	Vice President Treal of rediv	Change Addition
NAME	SCHUBERT, ALAN E	_	2.2 NAME	Robert E. Tomlinsin	
STREET ADDRESS	8000 N FEDERAL HWY		2.3 STREET ADDRESS	1144 E. Newport Conte	~ 0×10
CITY - ST - ZIP	BOCA RATON FL 33487		2. 4 CITY-ST-ZIP	Operfield Beach FL 3	2442
TITLE	D	L DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	MORELLI, LOUIS		32 NAME		
STREET ADDRESS	8000 N FEDERAL HWY		3.3 STREET ADDRESS		
CITY+ST-7:P	BOCA RATON FL 33487	□ D ELETE	3.4. CITY - ST - ZIP		Character Tables
THILE	S COLUBERT LAWRENCE U	OELETE	4.1 TITLE		☐ Change ☐ Addition
NAME execut appropries	SCHUBERT, LAWRENCE H 8000 N FEDERAL HWY		4. 2 NAME		
STREET ADDRESS CITY+ST-ZIP	BOCA RATON FL		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TiTLE	VP c +	DELETE	5.1 TITLE	Secretary + Oirects/	Onange Addition
NAME	LEFRONT, ROBERT A		5.2 NAME	Robert A. Lefcort	
STREET ADDRESS	8000 NORTH FEDERAL HIGHW	AY	5.3 STREET ADDRESS	1144 E. New part Center	فه
CITY - ST - ZIP	BOCA RATON FL	_	5.4 CITY - ST - ZIP	Deertield Beach FL	33442
TITLE	T	□ DECE TE	61 TITLE		Change Addition
NAME	SCHUBERT, LAWRENCE		6 2 NAME		
STREET ADDRESS	8000 NORTH FEDERAL HWY		6.3 STREET ADDRESS		
CITY-ST-ZIF	BOCA RATON FL	with this filing door not aud	6.4 CITY - ST - ZIP	stated in Section 110 07/9/(i) Florida Cto	tutes. I further cortifu that the
informatio	by certify that the information supplied in indicated on this annual report of sufficer or director of the corporation or t	mit this filling does not qual ipplemental annual report is be receiver or trustee empor	true and accurate and wered to execute this	that my signature shall have the same report as required by Chapter 607. Florid	legal effect as if made under oath; that da Statutes; and that my name
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 probability 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 observation 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 ghapted, pron an attachment with an address.					

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

197 (984) 418 - 6428 Cayurine Proces