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 # P94000025321 (8)

PAUL E	. SHAPIR	O, ESQ., P.A.							(
Principal Flac 777 SOUTH FI SUITE 310 EA WEST PALM E	LAGLER DR. IST	777 SI SUITE	Mailing Address 777 SOUTH FLAGLER DR. SUITE 310 EAST WEST PALM BEACH FL 33401-8161					{				
									3. Date Incorporated or Qualified 04/01/1994		ate of Last Ro 1/23/1996	eport .
2. Principa! P	Pace of Busin	ness	2a. Ma	iling Address	,				4. FEI Number			plied For
21			26						65-0483637	··,		t Applicable
Suite, Apt.		27						5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat	e			y & State					6. Election Campaign Financing		\$5.00	
23 Ζηρ		Country	28		7	Country			Trust Fund Contribution	<u> </u>	Added t	
24	25 25		29	<u>},</u>					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9, Name	and Address of Curre		d Agent	30				10. Name and Address of New Re			
BRE	EGMAN, HO)WARD				81	Name					
777	SOUTH F	LAGLER DR.				82	Street	Addre	ss (P.O. Box Number is Not Acceptal	ole)		<u></u>
	ITE 310 EA	st Neach fl. 33401				83		·				
WE	SIPALME	EAUN FL 33401					- A	<u> </u>				
						84	City			Ft	95 Zip (Jode
11. Pursuant office or ragent. La	to the provis registered ag am familiar w	ions of Sections 607,050 gent, or both, in the State ith, and accept the oblig	02 and 607.1 e of Florida. S pations of, Se	508, Florida Statul Such change was ection 607.0505, Fl	es, the author orida (e abovi ized by Statutes	e-named the col s.	d corpo poratio	oration submits this statement for the pon's board of directors. I hereby accel	pt the ap	of changing it pointment as	s registered registered
SIGNATURE	Stonature Ivent	for printed name of registered ag	en and tile if an	nlicable (NO)	F: Regis	stered Ao	ent signatur	e recuire	d when reinstaling)	DATE		
12.		OFFICERS AN				3.		7	ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIRECTOR	S IN 12
T:flE	PO		··-	DELETE	1	.1 TITLE		T		-,,	Change	Addition
NAME), PAUL E			1	.2 NAME						
STREET ADDRESS	,	K AVENUE SOUTH			_] 1	3 STREET	ADDRESS	}				
City-S1-7IP	NEW YO	PRK NY	···	· · · · · · · · · · · · · · · · · · ·	1	4 CITY - S	T-ZIP	<u> </u>	······································			
זו ^י וד				DELETE	5	1 TITLE					. Change	Addition
NAME	l				5	2.2 NAME		1				
STREET ADDRESS							ADDRESS					
CITY ST-70			·	DELETE		4 CITY-1	ST-ZIP	 -		ূপর		Addiso
TITLE	1			F" DETRIE		1 TITLE		}			Change	Addition
NAME					- 1	I.2 NAME	LODDEOG					
STREET ADDRESS	1						ADDRESS	1				
CITY-ST ZIF	ł			DELETE		4. CITY-:	51-41P				Change	Addition
NAME						I. 2 NAME						tand - stomon
STREET ADDRESS	{				- 1		ADDRESS	1				
CITY-ST-7IP	1				- 1	1.4 CITY-S		1				
TITLE	†			DELETE	-	.1 TITLE	r : 4-11	 			Change	Addition
NAME	}			_		.2 NAME		1			_ •	
STREET ADDRESS	-				1		ADDRESS					
City-S1-7iº						.4 CITY-5						
TITLE	1			DELETE		1 TITLE		1			Change	Addition
NAME					6	3.2 NAME		1				
STREET ADDRESS					6	3.3 STREET	ADDRESS	1				

6.4 CITY-ST-ZIP

SIGNATURE:

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

FILED

Apr 25 1997 8:00am

Secretary of State

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