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



50000213357 -04/04/97--01039--009 ***165.00

Addition

P94000032561 (0)

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00				FILED	
COF ANNU	PROFIT CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 04 1997 8:00am Secretary of State		
	ST #35	Mailing Address 624 NW 13TH ST #35 BOCA RATON FL 33486-24	46	3. Date Incorporated or Qualified	3a. Date of Last Report
A 5-2-15	(D)			04/27/1994	04/11/1996
2. Principal Pi	lace of Business	2a. Mailing Address		4, FEI Number 65-0493153	Applied For Not Applicable
Sulte, Apt. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9, Name and Address of Curre		Country	8. This corporation has liability for Florida Statutes 10. Name and Address of New Re	Yes No
11. Pursuant i office or re agent. I as	to the provisions of Sections 607.09 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida Statute o of Florida. Such change was a pations of, Section 607.0505, Flo	84 City s, the above-named coruthorized by the corporarida Statutos.	poration submits this statement for the patients to be possible to be presented as a second control of directors. I heroby acceptions	FL 85 Zip Code ourpose of changing its registered of the appointment as registered
	Signature, typed or printed name of registered no		Registered Agent signature requ		DATE
12. TITLE NAME STREET ADDRESS	P KNILL, PETER 624 N.W. 13TH ST #35	ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRECT ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change Addition
CITY-ST-ZIP	BAOCA RATON FL 33486		1.4 CITY- \$1 - ZIP		
NAME STREET ADDRESS	M RODRIGUEZ, GLORIA 624 NW 13TH ST #35 BOCA RATON FL 33486	L DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
Offy-St-Zip Tifle NAME STREET ADDRESS	DON DATON FL 30400	DELETE	2.4 CHY-ST ₂ ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELF1€	3.4. CHY-S1-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		OELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addilion

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 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 unlarman 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 remainded in the same legal effect as if made unlarman 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 remainded in the same legal effect as if made unlarger than 3-26-97

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE