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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	ANNUAL REPORT Secretary of State  1997 DIVISION OF CORPORATIONS					Secretary of State				
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Principal Place of Business Mailing Address  100 SUNRISE DR										
#19										
KET BISCATN	E FL 33149	KET BISORINE FI	KEY BISCAYNE FL 33149-2166				3. Date Incorporated or Qualified	3a. Date of Last R	leport	
							05/23/1994	03/14/1996	'	
	Place of Business	F1	2a. Mailing Address				4. FET Number 65-0492317	<del>[</del> [	oplied For	
Suite, Apt	. #, etc.	26 Suite, Apt. #.	<b>26</b>					60 7E	ot Applicable	
22		27					5. Certificate of Status Desired See Required			
City & Sta	te	City & State	•·~·-¬			-	6. Election Campaign Financing		May Be	
Zip	Country	<b>28</b>     Zip		Count			Trust Fund Contribution	··	to Fees	
24	25	29	;	30	· y		8. This corporation has liability for Florida Statutes	intangible tax under s ] Yes <b>  X</b> No	. 199.032,	
	9. Name and Address of Current Registered Agent						10. Name and Address of New Re			
	ATON, THOMAS H III			8	1 Name	9				
10761 SW 104 ST MIAMI FL 33176					2 Street	Addre	ess (P.O. Box Number is Not Acceptat	ole)		
MIP	WII FL 331/0			В	3					
				8	4 000			las I Zin	Codo	
_				ľ	4 Cily			FL 85 Zip	Code	
office or agent. I	to the provisions of Sections 603 registered agent, or both, in the sam familiar with, and accept the care.	State of Florida, Such chan-	ge was au	uthorized I	by the col	d corpo rporatio	oration submits this statement for the pon's board of directors. I hereby access	ourpose of changing it of the appointment as	ts registered registered	
SIGNATURE	Signature, typed or princed name of register		(NO1t		gert s∙gnatu	re require	d when reinstating)	DATE		
12.	OFFICERS	S AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12 Addition	
NAME	PANTANO, PHILIP L	Lul IX		1.2 NAM				Change	L"] Vaorauti	
STREET ADDRESS	100 SUNRISE DR #19				Li address					
CITY-ST-ZIP	KEY BISCAYNE FL 33149			1.4 CHY	- \$1 - ZIP					
TITLE		☐ DE	L£.T£	2.1 11116				Change	Addition	
NAME				2.2 NAM		1				
STREET ADDRESS				2.3 STRE 2 4 CHTY	ET ADDRESS					
CITY-ST-ZIP TITLE		Dŧ.	LETE	3.1 THUE		+-		Change	Addition	
NAME				3.2 NAM		1				
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TRTLE NAME		□ BE	ונונ	4.1 101.6 4.2 NAM		1		Change	Addition	
STREET ADDRESS				•	et address					
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NAME				5.2 NAM			•			
STREET ADDRESS					ET ADDRESS				]	
CITY-ST-ZIP TITLE	<del></del>	DE		5.4 CHY 6.1 THUS		+		Change	Addition	
NAME		pt		6.2 NAM				Unange	L Naumon	
STREET ADDRESS				1	Et address					
City-St-Zip				6.4 CHY		Ĺ				

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 eath; that I am an officer or director of the corporation or the receiver or positive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, or out in attachment with an address.

SIGNATURE:

3/15/97 (203)661-6432

FILED

Mar 19 1997 8:00am