SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000039016 (8) DOCUMENT # F

APPROVED AND FILED

97 AUG -8 AM 7: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place	•	Mailing Address 1351 S CONGRESS AVE WEST PALM BEACH FL		DO NOT WRITE	•
1				3. Date Incorporated or Qualified	3a, Date of Last Report
1				05/19/1994	03/26/1996
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 13-01	KICK Rd	26 1701 KIV	K Rd	65-0630119	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		Centificate of Status Desired	Fee Required
Z3 WSPR	3 H	City & State	和	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ziρ	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intengible
24 3340		29 33406	30 Aulm BCh	Personal Property Tax due June	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
WOODLEY, LORI A % DBMS 560 VILLAGE BLVD., STE. 335 WEST PALM BEACH FL 33409 81 Name ORI A WOODLEY CPA 82 Street Address (P.O. Box Number is Not Acceptable) 309 MQOOCK ST 83 Street Address (P.O. Box Number is Not Acceptable) 309 MQOOCK ST 84 City wfb FL 85 Zip Code 3 3405					
11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida 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 Florida. Such change 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 Signature, typod or printed name of registered agent and tello if applicable (NOTE Registered Agent signature required when reinstating) DATE DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCLEAN, LINDA L		1.2 NAME	2000022	660326 b
Street Address	3915 S. FLAGLER ST.	_	1.3 STREET ADDRESS	-U8/13/5 ****169	701084016
CITY-ST-ZIP	WEST PALM BEACH FL 33405		1.4 CITY - ST - ZIP	赤赤赤100	
TITLE		DELETE	21 TITLE		☐ Change ☐ Addition C
NAME			2.2 NAME	2000022	660326
STREET ADDRESS			2.3 STREET ADDRESS	-08/13/9	9701084017
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		bittie	3.2 NAME		C Onlinge C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		1
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME	•	1
STREET ADDRESS			5.3 STREET ADDRESS	112	
CITY-ST-ZIP			5.4 CITY - S1 - ZIP	A12	
TITLE		☐ DELETE	6.1 TITLE	·	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ľ
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
i 14 Idaharat	w cortify that the information cumplied	with this filing doos not quali	fu for the evernation stated	Lin Section 119 07/3Vi) Florida Statuter	a Lifurther continuities the

I do nereby certify that the information supplied with this filling does not quality 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 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 methods or on an attachment with an address.