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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000042746 (5)

	NO REAL	Mailing Address 7300 W. CAMINO REAL BOCA RATON FL 33433-55	12	* 65 - 051037	4
				3, Pate Incorporated or Qualified 06/08/1994	3a, Date of Last Report 06/27/1996
2. Principal P	lace of Business	28. Mailing Address 26		4. No Number  APPLIED FOR	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζιρ <b>29</b>	Country 30	R. This corporation has liability for it     Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	
	RAMS, STEVEN		81 Name		
7300 W. CAMINO REAL BOCA RATON FL 33433		82 Street Ac		ress (P.O. Box Number is Not Acceptab	ole)
BUL	DA NATUN PE 00400		83		
			84 City		<b>85</b> Zip Code
					FL
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	02 and 607,1508, Florida Statute le of Florida. Such charige was a	s, the above-named corp uthorized by the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
	m tamiliar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered a		flegistered Agent signature requi	red when reinstating)	DAIL
TITLE	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
NAME	WEISBERG, PETER	Deter	1.2 NAMÉ		□ cuange □ xoamon
STREET ADDRESS	7300 W. CAMINO REAL		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY - S1 - ZIP		
TITLE	DPS	DELETE	2.1 THILE		Change Addition
NAME OTORES ADDRESS	ABRAMS, STEVEN 7300 W. CAMINO REAL		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33433		2.3 STREET ADDRESS 2.4 City - St - Zip		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETTE	3.4. CITY - ST - ZIP		Chones Addition
TITLE NAME		□ הנונונ	4.1 Trile 4. 2 NAME		Change Addition
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		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE NAME		Direct	6.1 TITLE 6.2 NAME		FT quante FT wouldn
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do herek	by certify that the information supplies	ed with this filing does not qualify	for the exemption stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the

4. To be reply certify that the information supplied with his filling does not require the exemption stated in Section 119.07(3)(f), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 if changed, or or an attachment with an address.

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561.368-7050

**FILED** 

May 14 1997 8:00am

Secretary of State