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 # P94000043885 (0)

THOMAS R. WADDELL, PH.D., P.A.

FILED

Jan 16 1997 8:00am Secretary of State



,	ace of Business	**	Mailing Address 4440 PGA BLVD SUITE 403 PALM BEACH GARDENS FL 33410-6544			T NOCITORI ITR IDITI ALIHI ANIM BATA TRILI ARIM SIANA ININI FOTER NARI BATA LOBI			
	LVD SUITE 403 H GARDENS FL 33410								
						3. Date Incorporated or Qualified 06/08/1994	3a. Date of L 05/01/19		
Principal Place of Business The Principal Place of Business		 1	2a. Mailing Address 26			4. FEI Number 65-0502237		Applied For Not Applicab	
Suite, Ap	t.# etc	Suite, Apt. #	, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required	
City & State		City & State			,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Ζιρ 29	30	ountry		8. This corporation has liability for in	ntangible tax un Yes X No	der s. 199.032,	
	9. Name and Address of Curr		1991	1		10. Name and Address of New Reg			
W	ADDELL, THOMAS R			81	Name				
	140 PGA BLVD SUITE 403								
PALM BEACH GARDENS FL 33410				82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
				83		that a self-the angular agency and the self-the agency age			
l				84	City		FL 85	Zip Code	
11. Pursuar	nt to the provisions of Sections 607.0	502 and 607.1508, Flori	da Statutes, the	above	-named corp	poration submits this statement for the potion's board of directors. I hereby accept		ing its registere	
a ge nt d	am to alling with and accept the ob-	A Section	OCOS Florid St	tatutes	Bighed	m win do change	-4/	29.7_	
SIGNATUR	Squaren, Appetini po Actingatin di Ingolehen	agent and till. I Applicable	(NOTE Registe	ered Se	nt signature requi	red when ronstating)	DATE	77	
12,		AND DIRECTORS	13) <u>. </u>		ADDITIONS/CHANGES TO OFFIC			
THTLE	D NADDELL THOMAS D	□ □	ELETE 11	TITLE			Chi	ange 🔲 Additio	
NAME	WADDELL, THOMAS R		1.2	NAME					
STREET ADDRESS		00440	1.3	STREET	ADORESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL			CITY-S	T-ZIP				
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NAME			3.2	NAME					
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NAME				NAME					
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NAME			6.2	NAME .	İ				
STREET ADDRES	s		6.3	STREET	ADDRESS				
City-St-7iP			6.4	CITY-S	1 - ZIP				

I. 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 suppliemental 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 it changed, or on an attachment with an address.

SIGNATURE: THOMISK, WHODELL, PIRECTE

Jan

2/1997 (561)694-9392