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



DOCUMENT # P94000044606 (9)

Principal Place of Business	Mailing Address		
7200 W CAMINO REAL SUITE 203	7200 W CAMINO REAL SUITE 203		
BOCA RATON FL 83433	BOCA RATON FL 33433-5511		

FILED Apr 23 1997 8:00am Secretary of State



COF ANNU	LE NOW: FILI PROFIT RPORATION JAL REPORT 1997	NG FEE AFT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Apr 23 1997 8:00an Secretary of State	
INVEST	ORS MARKETING e of Business NO REAL SUITE 203	GROUP, INC.	4606 (9) ailing Address OO W CAMINO REAL SI OCA RATON FL 33433-55			
2. Principal P	lace of Business	100	Mailing Address		3. Date incorporated or Qualified 06/10/1994	3a. Date of Last Report 04/26/1996 Applied For
21 THE PART	IZOG OI DUSINESS	26	Making Address		65-0499004	Not Applicab
Sulte, Apt	#, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & Stat	8	27	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Count 25	ry 29	Z ip	Country 30	 This corporation has liability for Florida Statutes 	r intangible tax under s. 199.032, Yes No
=41		ess of Current Regis			10. Name and Address of New R	
11. Pursuant office or i agent. I s SIGNATURE	to the provisions of Sec registered agent, or bot im familiar with, and acc Signature, typed or printed nan	cept the obligations o	1, Section 607.0505, Flo	s, the above-named coulhorized by the corporida Statutes. Registered Agent signature re	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of changing its registero ept the appointment as registered
12.		OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFF	
TULE	D		☐ DELETE	1.1 TITLE	7,00,0,0,0,0,0,0	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	PARKER, MELVIN 7200 W CAMINO BOCA RATON FL	REAL SUITE 203		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS POWELL, SUSAN 3030 HARTLEY RI JACKSONVILLE FI	F D SUITE 390	[] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		☐ Change ☐ Addilio
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE			☐ DELET e	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	4.4 CHY-ST-ZIP 5.1 THEE		☐ Change ☐ Addition
NAME				52 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP	, -, -		☐ DELETE	5.4 CITY-ST-7IP 6.1 TITLE		Change Addition
TITLE NAME				6.2 NAME		ET Annue ET Volum
STREET ADDRESS				6.3 STREET ADDRESS		
	1			6.4 CITY-ST-ZIP		

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 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 if changed, or on an attachment with an address.