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

Principal Place of Business

2523 MARSEILLES DRIVE

DIVISION OF CORPO

DOCUMENT #	P94000047465	(7)
LAWRENCE LAKES [

Mailing Address

2523 MARSEILLES DRIVE

FILED Apr 24 1997 8:00am Secretary of State



				3. Date incorporated or Qualified 06/24/1994	3a. Date of Last Report 05/01/1996
2. Principal	Prace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26 224 DAT	ura st.	65-0528363	Not Applicab
Suite, Apt	t #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Cat. P. Cat	e Le	27			Fee Required
City & Sta	ste.	II	un Beal. Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Zip	Country	8. This corporation has liability for it	
4	25	29 33401	30 VSA		Yes No
	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent
BE	SSEN, ADAM L		81 Name		
	O NORTH FEDERAL HIGHWAY		82 Street Addr	ress (P.O. Box Number is Not Acceptab	do)
	IITE 380		oz Sileet Addi	ess (F.O. box number is not Acceptat	n o) .
BC	OCA RATON FL 33432		83		
			84 City		85 Zip Code
					FL
 Pursuan office or 	it to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	ites, the above-named corp authorized by the corporal	poration submits this statement for the ption's board of directors. I hereby accep	surpose of changing its registered the appointment as registered
agent 1	am familiar with and accept the obliq	gations of, Section 607.0505, F	lorida Statutes.		a sin appointment as regions
SIGNATURE					
	Signature, typed or printed name of registered at	gent and title if applicable (NO ND DIRECTORS	TE: Registered Agent a gnature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FOR AND DIRECTORS IN 12
12.	OFFICERS AF	ND DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
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NAME	ACAD LIADOCHI EC DONE		1.2 NAMÉ		
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DIY-ST-ZIP	PALM DEACH GARDENS FL		1.4 CITY~ST-ZIP		Change Addition
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. I do hereby certify that the information supplied with this filing 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 eath; 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.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/21/97 50

561 820 9757 Dayrine Phone #