## 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 # P94000047729 (6)

Principal Place of Business Mailing Address  1519 NW 8 ST PO BOX 3758 BOCA RATON FL 33486 BOCA RATON FL 33427 US						
				<ol> <li>Date Incorporated or Qualified</li> <li>06/22/1994</li> </ol>	3a. Date of Last Re 08/23/1996	port
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		lied For
4400	N. FEDERAL HWY.,	26 4400 N. FED	ERAL HWY.,	65-0492930	<del></del>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 SUITE 210			\$8.75 Additional Fee Required	
City & Sta	10	City & State		6. Election Campaign Financing	\$5.00 N	May Be
	A RATON, FL	28 BOCA RATON,	<u>FL</u>	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	This corporation has liability for		199.032,
24 3343	31   25   PALM BEA 9. Name and Address of Curren	C179 33431 :	30PALM BEACI	Florida Statutes  10. Name and Address of New F		
DEC	HARD, WILLIAM J		81 Name			
1519 NW 8TH ST			82 Street Add	iress (P.O. Box Number is Not Accept	able)	
BOCA RATON FL 33486						
			83			
			84 City	<del></del>	FL 85 Zip C	ode
agent. La SIGNATURE. 12.	to the provisions of Sections 607.050 registered agent, or polit, in the State am failuliar with anciaccest the obligation of the provision of the state of the s	int and little if applicable (NOTE:	ida Statulas.  Pegistered Agent signature requi	C.	4/0/97	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	DECHAMD, WILLIAM J		12 NAME			
STREET ADDRESS	1519 NW 8 ST		1,3 STREET ADDRESS			
CHY-ST-7IP TILLE	BOCA RATON FL 33486	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
NAME	<b>{</b>	Otter	2.1 TILE 2.2 NAME		□ Change	L Augilion
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP			2. 4 CITY - ST - ZIP			
TITLE	***************************************	DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			ŀ
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIF		PALLETT	3.4. CITY - ST - ZIP			T Address
THILE		[] DELETE	4.1 TITLE		<b>∟</b> Change	Addition
NAME OTREET ASSISTANCES	}		4. 2 NAME			•
STREET ADDRESS			4.3 STREET ADDRESS			ļ
CITY-ST-ZIF THLE		DELETE	4.4 City-St-ZiP 5.1 Title		Change	Addition
NAME		——————————————————————————————————————	5.2 NAME		<u> </u>	
STREET ADDRESS			5.9 STREET ADDRESS			}
CITY-ST-74P			5.4 CITY-ST-ZIP			į
TITLE		DELETE	6.1 YITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with this filling 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.

SIGNATURE:

WILLIAM OLD BCHARD WILLIAM DEADECHARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

**FILED** 

Apr 15 1997 8:00am

Secretary of State

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