## **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 # P94000048153 (8)

**FILED** 

Jun 19 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address  1535 STANLEY ST. 1605 US HWY 1 SOUTH NEW BRITAIN CT 06053 STE S-60											
				JUPITER FL 33477-7280 US			3. Date Incorporated or Qualified			eport	
2. Principal P	Place of Busine	2a.	2a. Mailing Address				4. FEI Number	Applied For			
21	4 -1-		26 208 US Hwy				58-2121129		Not Applicable		
Suite, Apt.	#, <del>0</del> (C.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat	le		City & State			1	6. Election Campaign Financing		\$5.00	:	
23			28	Tequesta	ta FL			Trust Fund Contribution		Added 1	
Zip		Country		Zip 23/116	Co	untry	16 1	8. This corporation has liability for i			. 199.032,
24		25	29	33767	30	·	US A		] Yes [		
	<del></del>	and Address of Curre	nt Registe	red Agent		<u>ا رم</u> ا		10. Name and Address of New Re	glatered	Agent	
	INSON, HEF					81	Name				
1605 U.S. HWY. ONE SOUTH							Street Add	dress (P.O. Box Number is Not Acceptab	ss (P.O. Box Number is Not Acceptable)		
	T S8G										
JUP	PITER FL 334	177				83					
						84	City			85 Zip (	Code
44 6	<del> </del>	75 75	<del></del>			Ш			FL		
office or r	regi <b>ste</b> red age	ent, or both, in the State h, and accept the oblig	e of Florida	i. Such change was ai	uthorize	ed by	the corpora	rporation submits this statement for the patients board of directors. I hereby accept	I the app	ointment as	registered
SIGNATURE	Signature, typed o	r printed name of registered ag	ent and title if	applicable (NOTF	Bogister	od Ape	noer anulsagus In	uired when reinstating)	DATE		
12.	organica, 19900 C	OFFICERS AN			13.		signotare rode	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D			DELETE	1,13	ITLE				Change	Addition
NAME	JOHNSON	i, herbert l		1.2 N	1.2 NAME						
STREET ADDRESS 1605 U.S. HWY. ONE SOUTH,			i, unit si	8G	1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	JUPITER I	FL 33477			1.40	DITY-S	T-ZIP				
TITLE	D			DELETE	2.1 T	_				Change	Addition
NAME	SZOKA, T	ODD			2.2 N	IAME					
STREET ADDRESS	1535 STA				2.3 \$	STREET	ADDRESS				
CITY-ST-ZIP	NEW BRIT	TAIN CT 06053			2.40	CITY-S	ST-ZIP		•		
TITLE	481			DELETE	3.1 T	ITLE				Change	Addition
NAME					3.2 N	AME					
STREET ADDRESS					3.3 S	STREET	ADORESS				
CITY-ST-ZIP					3.4. 0	CITY-S	ST - ZIP				
TITLE				DELETE	4.1 T	ITLE				Change	Addition
NAME	1				4.21	NAME					
STREET ADDRESS	1				435	STAEFT	ADDRESS				
CITY-ST-ZIP	<u> </u>				4.4.0	TY-S	T-ZIP				
TITLE				DELETE	5.1 7	ITLE				Change	Addition
NAME	l				5.2 N	IAMÉ	l				
STREET ADDRESS					5.3 S	STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>				5.4 0	ITY-S	1- ZIP				
TITLE				DELETE	6.1 T	ITLE				☐ Change	Addition
NAME	1				6.2 N	IAME	İ				
STREET ADDRESS					6.3 S	TREET	ADDRESS				
CITY-ST-7IP	1				1	MY-S					

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 logal 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.