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 # P94000054985 (4)

Principal Place	CONGRESS AVE.	FFING INC. Mailing Address 3003 SOUTH CONGRESS AV SUITE 1-E LAKE WORTH FL 33461-2169			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		07/22/1994 4. FEI Number	02/13/1996 Applied For
21		26		65-0506200	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Ch. & State		27			Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	
24	25	j	0		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	KETT, JAMES D		81 Name		
7525 PINE TREE LANE			82 Street Ac	idress (P.O. Box Number is Not Accepta	ble)
WES	ST PALM BEACH FL 33406		83		
ļ					
			84 City		FL 85 Zip Code
11. Pursuant office or r agent I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was au ations of, Section 607 0505, Flori	thorized by the corpo da Statutes.	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered int the appointment as registered
12.	Signature typical or printed name or registence ago OFFICERS AN	D DIRECTORS	Registered Agent signature re	ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	TACKETT, JAMES D		1.2 NAME		
STREET ADDRESS	106 WOODLANDS RD		13 STREET ADDRESS	7525 Pine Tree Lane	
CITY+ST-ZIP	LAKE WORTH FL			West Palm Beach, FL 3	33406
TITLE	ST	DELETE	2 1 TITLE		Change Addition
NAME	ALLEN, ROBERT S		22 NAME		
STREET ADDRESS	16031 PIMLICO DR LOXAHATCHEE FL		2 3 STREET ADDRESS		
CITY - ST - ZIP	LOWINIOHEETE	DELETE	2 4 CITY+ST-ZIP 31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3 4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZiP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME		piccit	5.1 TITLE 5.2 NAME		E Onlingo E Budillon
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

CITY-SI-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 Brock 13 if phanged, or on an attachment with an address.

SIGNATURE

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/97

(56) 91do-10015

FILED

Jan 16 1997 8:00am

Secretary of State