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

1	REET	Mailing Address 3701 BOCA POINTE DR SARASOTA FL 34238-5551 US			
				08/19/1994	n. Date of Last Report 03/28/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0531422	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	Zip 29	30 Country	This corporation has liability for intangled Florida Statutes	gible tax under s. 199.032, s
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HANKIN, LAWRENCE M			81 Namo		
2033 MAIN STREET			82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 400					
SAR	asota fl 34237		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named		
office or r agent. I a	egistered agent, or both, in the State om Infamiliar with, and accept the obligat	if Florida. Such change was ai ions of, Section 607.0505, Flo	uthorized by the con rida Statutes.	corporation submits this statement for the purpo poration's board of directors, I hereby accept the	appointment as registered
SIGNATURE					
12.	Signature, typod or printed name of registered agent OFFICERS AND		Registered Agent signature 13.	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELE1E	1.1 117LE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	KAPLAN, MARVIN	Book Pitter	1.2 NAME		
STREET ADDRESS	3701 BOCA POINTE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LISELLA, MARTIN		2.2 NAME		
STREET ADDRESS	932 CAPRI ISLES BLVD #114		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		2. 4 DITY - ST - ZIP		
TITLE	S	DECETE	3.1 THILE S	8858 misty creek or. Shensola FL 34241	Change Addition
NAME	KAPLAN, KATHRYN		3.2 NAME	8858 misty creek Dr.	
STREET ADDRESS	3701 BOCA POINTE DR SARASOTA FL		3.3 STREET ADDRESS	SAKASCHA FL	•
CITY-ST-ZIP	SANASUIA FL	DELETE	3.4. CITY-ST-ZIP	3424/	Chases Addition
TITLE		☐ DELETE	4.1 TITLE 4. 2 NAME		Change Addition
NAME STREET ADDRESS	·		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	- 15		5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	Í		6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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 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 changes, or on an attachment with an address.

FILED

Jun 27 1997 8:00am

Secretary of State