## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000062824 (5)

		Mailing Address 86 MAYFAIR LN BOYNTON BEACH FL 334 US	162-7027			
US		09			3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 04/23/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0514993	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country Zip		Country		8. This corporation has liability for	intangible tax under s. 199.032,
24	25 9. Name and Address of Curr	29	30			Yes No
FAIL	··· · · · · · · · · · · · · · · · · ·	ent degistered Agent	8	I Name	10. Name and Address of New Re	gistered Agent
	KIS, GERALD G Mayfair Ln					
	YNTON BEACH FL 33462		6:	2 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
501	INION DENOTITE COTOR		8:	3		
			8-	1 City		lee Z. O. J.
				' '		FL 85 Zip Code
office or r agent. La SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Stammar with, and accept the obline familiar with, and accept the obline familiar with a section of the section of the provisions of the pro	502 and 607.1508, Florida Statut ite of Florida Such change was a ligations of, Section 607.0505, Fl	tes, the abor authorized to orida Statute	ve-named cor by the corpora as.	rporation submits this statement for the pation's board of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered
	Signature, typed or printed name of registered			gent signature requ	ked when reinstating)	DATE
12.	OFFICERS A	AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME :	PARIO OFFILE O		1.1 TITLE 1.2 NAME		·	L Change L Addition
STREET ADDRESS	86 MAYFAIR LN			T ADDRESS		
DITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-S1-ZIP		1		
TITLE	☐ DELETE		2 1 1ITLE	0. 2.		Change Addition
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 DHY	-SI-7IP		
TITLE	☐ DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME Street address			3.2 NAME			
CITY-ST-ZIP	•			1 ADDRESS		
TITLE			3.4. CITY-	31-21		Change Addition
NAME		_	4. 2 NAMI	:		23 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	51 THLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-	S1 - 2IP		☐ Change ☐ Addition
NAME		- beent	6.2 NAME			C Surabe C Mohitton
STREET ADORESS			1	1 ADDRESS		
CITY- ST- 7IP			0.5 5 IN C			

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 changed, or on an attachment with an address.

**FILED** 

Apr 21 1997 8:00am

Secretary of State