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PROFIT CORPORATION **ANNUAL REPORT**

1997



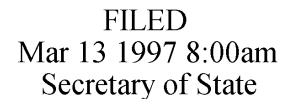
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400064527 (2)

EFFECTIVE APPROACH, INC.





Principal Place of Business 6839 S GRANDE DRIVE BOCA RATON FL 83433 US				6	Mailing Address 6939 S GRANDE DRIVE BOCA RATON FL 33433-2706 US								0)	 	I U 11 U 31	1991 1991	
				•							3. Date Incorporated or Qualified 3a. Date of Last Report 08/29/1994 04/12/1996							
2. Principal Place of Business					2a. Mailing Address							4, FEI Number				App	olied For	
21				26								65-0534043					Applicable	
Sulte, Apt. #, etc.				27							5. Certificate of Status Desired			\$8.75 Additional Fee Required				
City & State				28	City & State							Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
Zip	}				Zip Cour			Coun	ntry			This corporation has liability for intengible tax under s. 199.032,						
24	25 25 Name and Address of Current			29				30]				Florida Statutes Yes No						4
045			ress of Curren	t Hegi	stered	a Agent	 -,		31	Name	· 	10. Name and Address of New	Regis	tered A	gent			
	ROEZ, MAR		-					'	"	Mairie		:						}
6939 S GRANDE DRIVE BOCA RATON FL 33433									32	Street	Address (P.O. Box Number is Not Acceptable)							
								١	33									-
								ε	34	City		*4		FL	85	Zip C	ode	-
11. Pursuant to office or reagent. I as	to the provisi egistered ag m familiar wi	ions of S ent, or b th, and a	octions 607.050 oth, in the State coopt the obliga	2 and of Florations of	607.15 rida. S of, Sec	508, Florid Juch chang ction 607.0	a Statute ge was au 0505, Ftor	s, the about horized ida Statut	L ove by les.	named the con	corpo	pration submits this statement for the on's board of directors. I hereby ac	ne purp ocept th		:hangi intmer	ng its it as r	registered egistered	
SIGNATURE																		ł
		ind life if applicable. [NOTE: Registered Agent s				Ager	nt signature	require	·		DATE				_ ا_			
12.			OFFICERS AND) DIRE				13.	·			ADDITIONS/CHANGES TO OF	FICER					_ 8
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NAME							·CIL	I .								nge	L_J ROUMON	' İ
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CITY-ST-ZIP TITLE						☐ DEt	FIE	4.4 CITY 5.1 TITL		- 781,					Cha	nna	Addition	$\overline{}$
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NAME								6.2 NAM							ال ال	- igo	L.J AUGILION	'
										DDW 00								-
STREET ADDRESS										ADDRESS								
CITY-ST-ZIP	ov certify that	t the info	rmation supplier	with t	this fili	ino does o	ot qualify	for the e			tated i	in Section 119.07(3)(i), Florida Sta	hites I	further (cerlify	that t	ne	4
informatio	n Indicated	on this ar	nual raport or e	unnlar	nontal	lamoual ro	port ie tru	in and an	CUIT	rato and	thatr	my cignature chall have the came I	and of	foot or	Empo	n und	or oath, the	٠.

and a courate and that my signature shall have the same legal effect as it made under of a man officer or director of the corporation or the receiver or trustee officers of the corporation or the receiver of trustee officers of the corporation or the receiver of trustee officers of the corporation of the receiver of trustee officers of the corporation of the receiver of trustee officers of the corporation of the receiver of trustee of trustee of the receiver of trustee of the receiver of trustee of trustee of trustees. The receiver of trustees of trustees of trustees of the receiver of trustees of trustees of trustees of the receiver of trustees.

HOND J.G. LANGE