**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94 P94000065244 (3)

## **FILED** Sep 10 1997 8:00am Secretary of State



Principal Place 719 DAFFODIL W PALM BEAC	DR	Mailing Address 719 DAFFODIL DR W PALM BEACH FL 3341	4			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 08/30/1994	3a. Date o 04/22	f Last R	eport	
2. Principal Place 21	ce of Business	2a. Mailing Addross 26				4. FEI Number 65-0510110		Applied For Not Applicable		
Suite, Apt. #.	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ <b>\$</b>	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		Added t		
Zip 24	Country 25	2ip 29	30 Co	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
DEA.	9. Name and Address of Current	t Registered Agent		1		10. Name and Address of New Re	gistered Ager	1t		
BECKER, JOHN L JR 719 DAFFODIL DR				61	Name					
	ALM BEACH FL 33414					dress (P.O. Box Number is Not Acceptab	le)			
				83						
44 5				84	City		FL 8	1		
office or reg agent. I an	the previsions of Section 2007, 2002 gistered agent, or both in the State familiar with an account the bliga	2 and 607.1519, Torida Statule of Florida, Such change was a itions of Soction 607.0506, Flo	es, the a outhorize orida Sta	above ad by alutes	e-named cor the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of cha It the appointr	nging It nent as	s registered registered	
	gnature and be plinted name of registered ages				nt signature requ	uired when reinstating)	3/3/	97-		
12.	OFFICERS AND		13. DELETE 111			ADDITIONS/CHANGES TO OFFIC				
TITLE	BECKER, JOHN L JR	L DELETE						Change	Addition	
NAME	719 DAFFODIL DR		1.2 NAM							
STREET ADDRESS CITY-ST-ZIP	W PALM BEACH FL 33414			SIREET CITY-S	ADDRESS T-ZIP					
TITLE	DE DE		2.11	TITLE				Change	Addition	
NAME	BECKER, PATRICIA D		2.2 N/							
STREET ADDRESS	719 DAFFODIL DR		2.3 STREET ADDRES		ADDRESS					
CITY-ST-ZIP	W PALM BEAUTI FL 33414			2. 4 CITY - ST - ZIP						
TITLE	DELETE		3.11	3.1 TITLE				Change	☐ Addition	
NAME			3.21	MAME						
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP		DELETE	3.4. C(TY-		ST-ZIP		<del></del>	<u> </u>	1 1 1 2 2 2 2 2 2 2	
TITLE		L_J DELETE	4.1 TITLE 4.2 NAME					Change	Addition	
NAME										
STREET ADDRESS			4.3 STREE							
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE		1-212		П	Change	Addition	
NAME		had been it	5.1 III.F 5.2 NAME					- unufo		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP										
TITLE				I CITY-ST-ZIP				Change	☐ Addition	
NAME				NAME			-			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S	ı					

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 Block 301 Glangor, or on a statechment with an address.