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 # P94000074348 (1)

FILED

97 JUL 14 AM 5: 53

SECHETALY OF STATE TALLAHASSEE, FLORIDA

J. 1. W/	ALON HE	ALIT, INO											
Principal Plac	e of Busine	ŝs	Mail	ing Address					4 000 (000 618 4074) 0404 0044 0044 0054	eril ieen	aiaan (iiii bii		
5781 N. FEDERAL HWY BOCA RATON FL \$3487 US				5781 N. FEDERAL HWY BOCA RATON FL 33487-4047 US									
									 Date Incorporated or Qualified 10/06/1994 		ate of Last (01/1996	Report	
2. Principal F	Place of Bus	noss	2a. N	2a, Mailing Address				,	4. FEI Number	<u></u>	A	pplied For	
21			26						65-0529515 Not Applicable				
Suite, Apt.	#, etc.		h	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
City & Stat			27	City & State								tequired	4
23 City & Stat	ie		<u></u>	28					6. Election Campaign Financing			May Be	
Zip Country				Zip Country					Trust Fund Contribution Added to Fees				
24	25			29 30					B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name	and Address of Curr		red Agent					10. Name and Address of New Reg				\dashv
WAI	LSH, Jr					B1	Name				-		7
578	I N. FEDE	RAL HWY					0	·	(D.O. D				_
BOCA RATON FL 33487						82	Street	: Address (P.O. Box Number is Not Accepta		e)			- [
						83							\dashv
											 		_
						84	City			FL	85 Zip	Code	
11. Pursuant office or ragent. La	to the provis registered ag im familiar w	sions of Sections 607.0 gent, or both, in the Sta rith, and accept the obt	502 and 607 te of Florida. igations of, S	.1508, Florida Statu Such change was Section 607.0505, FI	les, the a authorize orida Stal	boye d by lutes	named the cor	l corpoi poratio	ation submits this statement for the pun's board of directors. I hereby accept	irpose of the app	changing ointment as	its registered s registered	
SIGNATURE													
	Signature, types	d or printed name of registered a			If flegistere	d Age	nt signatur	e required	when reinstating)	DATE			╝.
12.	<u> </u>	OFFICERS A	ND DIRECTO	DIRECTORS					ADDITIONS/CHANGES TO OFFIC	ERS AND			_ 3
TITLE	D Walsh,	IOUN T		☐ DELETE		ILE					☐ Change	Addition	ا (
NAME	752 SW						1.2 NAME						
STREET ADDRESS		ON BEACH FL 33435				1.3 STREET ADDRESS							ļ
CITY-ST-ZIP TITLE	DOTINIO	IN DENOTIFE 33433		DELETE	1.4 CI 2 1 TI		I - 7IP	-			TT Change	T Address	<u> </u>
NAME				F-) pricic				30000223 -07/14/97		37	T Change	Addition	'
						2.2 NAME			-07/14/	970	1080-	-004	
STREET ADORESS							E1 ADDRESS		****550.00 ****550.00				
DITY-ST-ZIP TITLE				DELETE	2. 4 C		1 - 71P	 			Change	Addition	\dashv
NAME				State 15	3.2 N/			1			☐ outriling	☐ YOURION	'
STREET ADDRESS							ADDRESS						
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NAME				<u> </u>	4.2 N								
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CITY-ST-ZIP					4.4 CF								
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NAME					5.2 NA				_ /\	<i>X</i>	, 1	1	
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CITY-ST-ZIP					5.4 CI				<u> </u>	1 12	t '	•	
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NAME					6.2 NA				·				
STREET ADDRESS							ADDRESS	1					
CITY - ST - ZIP					64 CITY - ST - ZII]					
	- 14 - 15												1

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 suppliemental 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 correction or the receiver Atrust amount of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chaltest or an an address.