## FILE NOW: FILING FEE AFTER MAY 1 IS \$5

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**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTM

Sandra B. M

IT OF STATE

Secretary of

tate

DIVISION OF COR ORATIONS

## **FILED** May 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address									
•		=				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
238 CARDINAL DELRAY BEACI		P.O. BOX 212 DELRAY BEACH FL 334	47-0212						
						3. Date Incorporated or Qualified 10/11/1994	3a. Date o		eport
2. Principal Pl	ace of Business	2a. Mailing Address		•		4. FEI Number	1		plied For
21		26				65-0538509		_1	t Applicable
Suite, Apt.	ii, etc.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired		<b>8.75</b> A Fee Re	Additional equired
City & State	)	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution	<u> </u>	Added t	
Zip	Country	Zø	7.7	Country		8. This corporation has liability for i			199.032,
24	9. Name and Address of Curr	29	30	т		Florida Statutes  10. Name and Address of New Reg	Yes 🔀 N		
		Gill Degistered Agent		81	Name	TV. Hame and Address of New Ne	gistorou Age		
	IDERSON, DAVID								
238 CARDINAL LANE				62	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
ĐEL	RAY BEACH FL 33445			83					
			1	84	City		FL	35 Zip (	Code
dd Diversiond	to the provisions of Sections 607.0	0502 and 607 1508. Florida SI8	tutes th		a-namod cor	poration submits this statement for the p		anging it	s registered
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	ale of Florida. Such change wa	is authol	ed by	the corpora	ition's board of directors. I hereby accer	it the appoint	ment as	registered
agent. I a	m familiar with, and accept the ob-	oligations of, Section 607.0505,	т юпаа	atutes	S.				
SIGNATURE	Signature, typed or printed name of registered	I accord and title if applicable (f	NOTE: Regis	red Apr	rd signature requ	red when reinstating)	DATE		
12.		AND DIRECTORS	1	1-		ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	D	DELETE		1 ITLE				Change	Addition
NAME	SANDERSON, DAVID		1	1 NAME	Ì				
STREET ADDRESS	238 CARDINAL LANE			1 STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33445		1	ı) cny√s	IT-ZIP				
TITLE		DELETE		2   111LE				Change	Addition
NAME				2 NAME					
STREET ADDRESS	İ			2:STREFT	ADDRESS				
CITY-ST-ZIP			. L	d city-s	ST-ZIP				
TITLE		DELETE		1111.6				Change	Addition
NAME			1	NAME					
STREET ADDRESS				STREET	ADDRESS				
CITY-ST-ZIP				S CITY-	ST-21P				
TITLE		☐ DELETE		HTLE		·		Change	Addilion
NAME				NAME	Ì				
STREET ADDRESS				STREET	ADDRESS				
CITY-SY-ZIP				CHY-S	I - ZIP			<del>, , , , , , , , , , , , , , , , , , , </del>	
TITLE		DELETE		TITLE				Change	Addition
NAME				S NAME					
STREET ADDRESS				5.1STREET	ADDRESS				
CITY-ST-ZIP				5.4CITY - S	51 - ŽIP				
TITLE		☐ DELF1E		6.17ITLE				Change	☐ Addition
NAME				62NAME	ĺ				
STREET ADDRESS			1	6.3STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - S	ST - ZIP				

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 per an attachment with an address.

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