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

FILED Jan 24 1997 8:00am Secretary of State

DOCUMENT #	P94000081468	(8)

Principal Place of Business 1777 WEST TERRACE DRIVE LAKE WORTH FL 33460 BOYNTON BEACH AMOCO, INC. Mailing Address 1777 WEST TERRACE DRIVE LAKE WORTH FL 33460 LAKE WORTH FL 33460									
LAKE WORTH F	il 33460	LAKE WOHII	H FL 33460-64	156		3. Date Incorporated or Qualified 11/04/1994	3a. Date of Last 04/16/1996		
2. Principal Pla	ace of Business	2a. Mailing A	Address			4. FEI Number		Applied For	
21		26				65-0530389		Not Applicable	
Suite, Apt. #	f, etc	Suite, Ap	ot. #. etc.			5. Certificate of Status Desired		Additional	
22		27					Fee I	Required	
City & State		City & St	tate			6. Election Campaign Financing		May Be	
23	Country	28		Cointry		Trust Fund Contribution		d to Fees	
Zip	Country 25	Zıp 29		30		8. This corporation has liability for Florida Statutes	intangible tax under	s. 199.032,	
24	9. Name and Address of Currer		ent	30		10. Name and Address of New Re			
Mi07	'ADEH, MOHAMMAD			81	Name				
	WEST TERRACE DRIVE				C4	/D.O. Day N. makes in Mat Account	-1=1		
	WORTH FL 33460			82	Street Add	ress (P.O. Box Number is Not Acceptate	OI B)		
Dave.	. 1101111112 00100			83				,	
				84	Oite		or 7:	- Codo	
				84	City		FL 85 24	p Code	
11. Pursuant to office or reagent 1 and	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, I o of Florida Such o nations of Section	Florida Statut change was : 607.0505. Fl	es, the bove authorized by orida Statutes	-named corpora	poration submits this statement for the patients board of directors. I hereby acce	ourpose of changing pt the appointment a	its registered as registered	
SIGNATURE		,	•						
	Signature, typed or pented name of registered ag		(NOI		nt signature requ	red when reinstaling)	DATE		
12.		ID DIRECTORS	T per pre	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P	L	DELETE	1.1 TITLE			Change	Addition	
NAME	MIRZADEH, MOHAMED M			1.2 NAME					
STREET ADDRESS	1777 WEST TERRACE DRIVE			1 3 STREET					
CITY-SI-ZIP	LAKE WORTH FL 33460		DELETE	1.4 CiTY-S	T-ZIP		☐ Change	e Addition	
THLE		L	DELETE	2.1 TITLE			C Cuantity	c Roomon	
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	i				
CITY - \$1 - ZIP		·····	DELETE	2. 4 CITY - 5 3.1 TITLE	31-ZIP		Change	e Addition	
TOLE NAME		L		3.2 NAME			, online	o La roution	
				3.3 STREET	ADORESS				
STREET ADDRESS				3.4. CITY-5					
CITY - ST - ZIP TITLE		I	DELETE	4.1 TITLE	21-211		Change	e Addition	
NAME		•		4. 2 NAME				_	
STHEET ADDRESS				4.3 STREET	ADDRESS				
CITY - S* - 7IP				4.4 CITY - S	1				
THILE			DELETE	5.1 TITLE			Chang	e Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY - ST - ZIP				5.4 CITY - 9	IT-ZIP				
TITLE			DELETE	6.1 TITLE			Chang	e Addition	
NAME		- 1		6.2 NAME					
STREET ADORESS		_ 1		6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - 9	3T - Z(P				
 I do hereb informatio 	by certify that the information supplied in the supplied in the information supplied in the su	ed with this filing o supplemental ann	toes not qual nual report is	ify for the exe true and acg	emption state arate and the	d in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg	es. I further certify that all effect as if made i	iat the under oath; that	