

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mirman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088754 (4)

1. Corporation Name

117 SOUTH DIXIE HIGHWAY, INC.

Principal Place of Business	Mailing Address
117 SO. DIXIE HIGHWAY LAKE WORTH FL 33460	117 SO. DIXIE HIGHWAY LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite APT # 100	26 Suite, Apt. # off
22 City & State	27 City & State
23 ZIP	28 ZIP

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1994	
4. FEI Number	Applied For
65-0544691	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for indebtedness under § 102.022, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	81 Name
YOUNG, RONALD E 1860 FOREST HILL BLVD. STE. 105 WEST PALM BEACH FL 33406	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

(Signature typed, signed, or handwritten in ink) (Type or print name of officer or director who signed and date signed)

1 APR

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME STREET ADDRESS CITY, ST, ZIP	2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP	3. NAME 4. NAME 5. STREET ADDRESS 6. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP	4. NAME 5. NAME 6. STREET ADDRESS 7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP	6. NAME 7. NAME 8. STREET ADDRESS 9. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and not guilty for the exemption stated in Section 110.07(4), Florida Statutes. I further certify that the information contained 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 107, Florida Statutes, and that my name appears in Block 11 or Block 12, if changed, in conjunction with an address.

SIGNATURE:

Denis Leblanc

4/15/95 (407)582-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR