## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500003558 (0)

Principal Place  2200 INDIANTO SUITE 9  JUPITER FL 33	OWN RD	Mailing Address 9260 INDIANTOWN RD SUITE 9 JUPITER FL 33478-2236		3. Date Incorporated or Qualified		
				01/11/1995	05/01/1996	
2. Principal Pl	ace of Business	2a. Marling Address		4. FFI Number	Applied For	
21		26		65-0555261	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23	3	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	<i>7</i> φ	Country	This corporation has liability to		
24	25	29	30		☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	legistered Agent	
KOSKI, LEO A 11906 169TH CT N JUPITER FL			82 Street Add 1 1	Koski, Leo A.  pet Address (P.O. Box Number is Not Acceptable) 11921 169th Court North		
			B4 City	upiter	FL   85   Zip Code   33478	
agent, Fai SIGNATURE	to the provisions of Sections 607.05.02 egistered agont, or both, in the State of m familiar with, and accept the obligations with a point of registered agont specific types.	ions of, Section 607.0505, Flor	s, the above-named couthorized by the corporation Statutes.  Hopsared Agent signature required	rporation submits this statement for the ation's board of directors. I hereby account to the control of the con	purpose of changing its registered ept the appointment as registered	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	PD	DETETE	1.1 101.1		Change Addition	
NAME	KOSKI, LEO A		1.2 NAME			
STREET ADDRESS	9260 INDIANTOWN RD SUITE 9 JUPITER FL 33478		1.3 STREET ADDRESS		1	
CITY-ST-ZIP TITLE	JUPITER PL 33476	DELETE	1.4 C(1) Y · \$1 - ZIP 2.1 TITLE		Change Addition	
NAME			22 NAMI			
STREET ADDRESS			2.9 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - ST - ZIP			
TITLE		DEFELE	3.1 TIME		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. C/TY - ST - Z/F 4.1. 1/TLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		}	
CITY-ST-ZIP			4.4 C/TY-ST-ZIP		<u>,</u>	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	ı		5 3 STREET ADDRESS			
CITY-ST-ZIP		DOEN	5.4 CHY-S1-7IP		Chacon C Addition	
TITLE		☐ DELETE	6.1 111LE		Change Addition	
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CITY-ST-ZIP			64 CITY - \$1 - 7IP	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

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 it made under oath; that I am an officer or director of the composition 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 12 if changed, of on any altrichment with an address.