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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000009691 (3)

54TH STREET ASSOCIATES, INC.

Principal Place of Business Mailing Address					-		7	4 MB13004 DIZ 10181 DIXII BOAH 69141 DX	 		\$84 48
4214 NW BOTH BOCA RATON			4214 NW 60TH DR BOCA RATON FL 33496-4010								
							3.	Date Incorporated or Qualified 02/03/1995	- 1	ate of Last F /29/1996	,
2. Principal P	Place of Business	2a. Mailing Ad	2a. Mailing Address				4.	FEI Number		А	oplied For
Suite, Apt. #, etc.		26					+	65-0563765		· · · · · · · · · · · · · · · · · · ·	lot Applicable
SUITE, API.	#, OIC.	Suite, Apt. #, etc.					5.	Certificate of Status Desired			Additional Required
City & Stat	le .	City & State					6.	Election Campaign Financing			May Be
3		28					1	Trust Fund Contribution			to Fees
Zip	Country	Zip	ï	Countr	ГУ		В.	This corporation has liability for		P	s. 199.032,
14]	25	29		30			1		Yes		
	9. Name and Address of Curre	nt Registered Ager	nt	81	1 N	Vame	10.	Name and Address of New Re	gistered	Agent	
	ANNING, JOEL B			82				<u></u>			
	4 NW 60TH DR CA RATON FL 33496					Street Addre	ess (P	O. Box Number is Not Acceptai	ole)		
ВОС	DA NATON IE 33480			83	3						
				84		714.				Teel 7:-	0.4
				6	•	Dity			FL	- 85 Zip	Code
agent. I a	registered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 6	07.0505, Flo	orida Statute	9S.	signature require			DATE	John Michigan	s registered
12.		ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12
TITLE	D		1.1 TOTLE						Change	Addition	
NAME	CHANNING, JOEL B			12 NAME							
STREET ADDRESS	4214 NW 60TH DR			- 13 STREE	et a di	DRESS					
CITY-ST-ZIP	BOCA RATON FL 33496			1.4 CITY - ST - 7/P)P				1 01	1 7 2400
TITLE	D CHANKING ION H	DELETE		21 TITLE		ļ				Change	☐ Addition
NAME STREET ADDRESS	CHANNING, JON H 4214 NW 60TH DR			2.2 NAME 2.3 STREET ADDRESS		nacee					
CITY-ST-ZIP	BOCA RATON FL 33496			2 4 City							
TITLE	D	DELETE		3 1 TITLE	_					Change	Addition
NAME	GAFFIN, JILL			3.2 NAME	3.2 NAME						
STREET ADDRESS	4214 NW 60TH DR			3.3 STREE	ET ADI	URESS					
CITY-ST-ZIP	BOCA RATON FL 33496			3.4. CHTY		Z1F)					
TITLE		L	DELETE	4.1 TITLE						☐ Change	Addition
NAME				4. 2 NAMI							
STREET ADDRESS				4 3 STREE							
CITY-ST-ZIP			DELETE	4.4 CHY-		Ir.				Change	Addition
NAME		_		5.2 NAME		1					
STREET ADDRESS				5.3 STREE		DRESS					
CITY-ST-ZIP				5.4 CITY -	-ST-2	9P					
TITLE			DELETE	6.1 THTLE						Change	Addition
NAME				6 2 NAME							

14. I do hereby certify that the information supplied with this tiling 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 of 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 trusted 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 contamination and trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
