## 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

## P95000015377 (1)

DOVCHOTHEDADY ACCORDATES OF THE TREASHIPE COAST

P.A.	THERRY ROSOCIATES C	or the theasone oc	יו טאי					
Principal Place	e of Business	Mailing Address				) 100110AL 110 38(01 81111 00FA 08)(0 80(11	<b>autos</b> isego origo dividi de	
729 COLORADO AVE. P.O. BOX 2025 STUART FL 34995		PO BOX 2025 STUART FL 34995-2025 US						
						<ol> <li>Date Incorporated or Qualified 02/23/1995</li> </ol>	3a. Date of Last 01/30/1996	Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<del></del>	pplied For
21		26			ĺ	65-0570042 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27				S. Certificate of Status Desired	Fee F	Required
City & State		City & State			6. Election Campaign Financing		May Be	
23	0	28	1 0			Trust Fund Contribution		to Fees
Zφ	Country	Zip	Count	ry		8. This corporation has liability for in	ntangible tax under Yes  \B No	s. 199.032,
24	9. Name and Address of Curre	29	30			Florida Statutes  10. Name and Address of New Rec		
0.45		sit negistered Agent		1 Name		IV. Hame and Address of New May	Interes value	
	RRY, RICHARD G		Ľ	146.776				
1665 PALM BEACH LAKES BLVD SUITE 600			8	82 Street Address (P.O. Box Number is Not Acceptable)				
ſ			E	3				
. W P/	ALM BEACH FL 33401		`					
-			6	4 City			FL 85 Zip	Code
11 Pursuant	to the pravisions of Sections 607 05	00 and 607 1509 Florida State	dos the ebe	vo pamed		ration submits this statement for the s		its registered
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was	authorized	by the corp	poration	ration submits this statement for the p n's board of directors. I hereby accep	t the appointment a	s registered
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505, F	forida Statu	tes.				
SIGNATURE	Signature, Typied or printed name of registered as		Otto Danada and A	local clanatura		when reinstating)	DATE	
12.		ND DIRECTORS	13.	Gent Signature	redonan	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	DELETE	1.1 181		<u> </u>		Change	Addition
NAME	RALICKI, JEANNE P	<del>_</del>	1.2 NAN					
STREET ADDRESS	729 COLORADO AVE.			ET ADDRESS				
CITY-ST-ZIP	STUART FL 34995		14 CITY-ST-ZIP		ĺ			. [
TITLE	D DELETE			21 TITLE			Change	Addition
NAME	RALICKI, JEFFREY S	<del></del>		2.2 NAME			•	
STREET ADDRESS	729 COLORADO AVE.		2.3 STR	ET ADDRESS	ļ			
CITY-ST-ZIP	STUART FL 34995			r - ST - ZIP	1			ŀ
TITLE		☐ DELETE	3.1 TITL		f		Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRI	ET ADDRESS				
CITY-ST-ZIP			3.4. CIT	r-ST-ZIP				
TITLE		☐ DELETE	4 1 TITL	E			☐ Change	☐ Addition
NAME			4. 2 NA	AE	ĺ			ſ
STREET ADDRESS			4.3 STR	ET ADDRESS				
CITY - ST - ZIP			4.4 CITY	· S1 - ZIP	!			
TITLE		DELETE	5.1 TITL				☐ Change	Addition
NAME			5.2 NAM	iE				
STREET ADDRESS			5.3 STRI	ET ADDRESS	[			
CITY - \$T - 2IP				-ST-ZIP				
TITLE		DELETE	6.1 TITL				☐ Change	Addition
NAME			6 2 NAM	ıF	ļ			ļ
STREET ADDRESS			6 3 STRI	ET ADDRESS	]			

CITY-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 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 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or one attachment with an address.

**FILED** 

Feb 13 1997 8:00am

Secretary of State