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

DOCUMENT # P95000015702 (0)

FILED Feb 13 1997 8:00am Secretary of State

Principal Place of Business 18234 60TH DRIVE DELRAY BEACH FL 33484	Mailing Address 16234 60TH DRIVE DELRAY BEACH FL 334	84 -64 67	3. Date Incorporated or Qualified 3a.	
	19a · · · · · ·			03/08/1996
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 65-0566738	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional
22	27		- Commodate of States Bossion -	Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	28 Zip	Country	This corporation has liability for intangent in the control of the corporation has liability for intangent in the control of the corporation has liability for intangent in the control of the corporation has liability for intangent in the corporation has l	Added to Fees
24 25	29	30	This corporation has hability for intang	S No
	s of Current Registered Agent		10. Name and Address of New Registe	red Agent
ZINK, MARLENE C 16234 60TH DRIVE DELRAY BEACH FL 33484	ı	82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
agent, I am familiar with, and acce SIGNATURE Signature where or printed hame in	pt the obligations of, Section 607.0505,	Florida Statutes. IOTE: Registered Agent signature requirements. 13. 1.1 TITLE.	ation's board of directors. I hereby accept the wired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	05/97
NAME ZINK, MARLENE C STREET ADDRESS 16234 60TH DRIVE		1.2 NAME 1.3 STREET ADDRESS		_ • -
CITY-ST-ZIP DELRAY BEACH FL	33484 DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	· ·	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
City-St-ZiP		2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		_ Onlinge Rudillon
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		· —
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIF		6.4 CITY - ST - ZIP		
14. I do haraby partity that the informa	tion cumplied with this filing does not aw		ad in Section 119 07/3\(\text{i}) Florida Statutes In	erthar cortifu 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 on an attachment with an address.

105100 8/4-1101 11033