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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P95000027540 (0)

SANDRA Principal Place	MENT # P9500 A J. GOLDMAN, P.A. e of Business GARDENS TRIAL	Mailing Address 9830 C. BOCA GARDENS	TRIAL		
BOCA RATON FL 33496		80CA RATON FL 33496-17		·	
					Date of Last Report 4/10/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0573639	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stati	e	City & State	<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country 30	8. This corporation has liability for intanging Florida Statutes Yes	
24	9. Name and Address of Curr		[30]	10. Name and Address of New Registers	
GOI	LDMAN, SANDRA J		81 Name		
9830 C BOCA GARDESN TRAIL			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33496			83		
			84 City	F	85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.00 registered agent, or both, in the Sta im familiar with, and accept the obli	502 and 607, 1508, Florida Statute te of Florida Such change was a igations of, Section 607,0505, Flo	es, the above-named corpora authorized by the corpora orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE			··		
12.	Styleaux: Typestic protect ran in of registered agent and title if appealable. (NOT OFFICERS AND DIRECTORS		E. Registered Agent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10101	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	GOLDMAN, SANDRA J		1.2 NAME		
STHEFT ADDRESS	9830 C. BOCA GARDENS TO	RAIL.	1.3 STREET ADDRESS		i
COLY - ST - ZIP	BOCA RATON FL 33496	DELETE	1.4 City-St-ZiP	10 to	Change Addition
TiTLE NAME		☐ DELETE	2.1 TITLE 2.2 NAME	•	Change L. Addition
STREET ADDRESS			23 STREET ADDRESS		!
CITY - S1 - ZIP			2.4 CITY-ST-ZIP		
THUE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
COY-ST-ZIP		LIDELTIE	3.4. CITY-ST-ZIP		I Overes I Addition
TITLE		DELETE	4.1 TITLE		Change Addition
NAME ONNEL ADVINCES			4. 2 NAME		
STREET ADDRESS CITY+ST+Zip			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		!
TITE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TOTLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - \$1 - 7IP	}		6.4 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 12 or Block 12 or on an attachment with an address.

SIGNATURE: A DOMAN LATE COMMO OFFICER OR DIRECT

4/5/97

5614824910

FILED

Apr 09 1997 8:00am

Secretary of State

0340397

CR2E034 (9/96)

CR2E034 (9/