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

FILED Feb 03 1997 8:00am Secretary of State

DOCUMENT #	P95000028179	(6)
1. Corporation Name	1 0000000000000000000000000000000000000	1~/

Principal Place 222 CLEMATIS SUITE 218 W PALM BEAC	CORP. of Business STREET	Mailing Address 222 CLEMATIS STREET SUITE 218 W PALM BEACH FL 33401-55	522		
US		US		3. Date Incorporated or Qualified 04/10/1995	3a. Date of Last Report 05/01/1996
2. Principal Pl. 21 2-22 Suite, Apt		26 222 (fenat: Suite, Apt #, etc.	s Street	4. FEI Number 65-0575025	Applied For Not Applicable
22 Su: 4	e 203	27 Su:+e 203 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 West	Palm Beach, FL	28 West Palm	Beach, FL Country	Election Campaign Financing Trust Fund Contribution This corporation has liability for its	\$5.00 May Be Added to Fees
24 334		29 33401 30	m]Yes ∫2X No
222 SUN	CONNELL, JOHN G. CLEMATIS STREET TE 218 ALM BEACH FL 33401		83 84 City	Frisbie Dau: 1 Wiess (P.O. Box Number is Not Acceptabe 222 Clematis Street Su: te 203	J. le)
SIGNATURE	Signature, typed of pointed want of registe tid agen	ender o if applicable (NOTE: R	legistered Agent signature requi	ooration submits this statement for the p tion's board of directors. I hereby accep red when reinstaing)	urpose of changing its registered at the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
1lilE	PD Frisbie, David W	L_ DELETE	1.1 TITLE	ST/D	Change
NAME	222 CLEMATIS STREET		1.2 NAME	Fristie, David W. 222 Clematis Street	t
STREET ADDRESS	W PALM BEACH FL		1.3 STREET ADDRESS		FL 33401
CITY-S1-ZIP TITLE	STD	☐ DELETE	1.4 CITY-SY-ZIP 2.1 TITLE		Change Addition
NAME	AIKEN, ANDREW M	D better	2.2 NAME	P/D	E change E recalion
STREET ADDRESS	145 SEAGAGE RD		2.3 STREET ADDRESS	Aiken, Andrew M. 145 Seagate Road	
DITY-ST-ZIP	PALM BEACH FL		2. 4 DITY-ST-ZIP		33480
TITLE	VD	DELETE	3.1 TITLE	Palm Beach, FL	Change Addition
NAME	FRISBIE, ROBERT N		3.2 NAME	•	
STREET ADORESS	6101 SHEAFF LANE		3.3 STREET ADDRESS		
CITY-ST-2IP	FT WASHINGTON PA		3.4. DITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZiP			4.4 CITY - ST - ZIP		
TIPLE		DELETE	5.1 TITLE	······································	Change Addition
NAME			52 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-ZIP			6.4 CITY-ST-ZIP		
14. I do hereb	by certify that the information supplied in indicated on this annual report or sufficient or director of the certifician or	with this filing does not qualify upplemental annual report is true	or the exemption state	d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same lega art as required by Chapter 807, Florida S	s. I further certify that the I effect as if made under oath; that

SIGNATURE: