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 # P95000028270 (3)

97 AUG 12 PM 3: 14

SECRETARY OF STATE TALL AHASSEE FLORIDA

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)	1881 6 0 188 31 0 8	1838 READ (AR)	1 1911 1191
Principal Place of Business					Mailing Address] 1 REM32MBH 31# 101M1 #HILL PACOT 4 M511 #1	iii) AAIIA 3194	ANGER RENTE ANDS	f \$411 1981
8515 BARKIS AVENUE					3515 BARKIS AVENUE					• • • • • • • • • • • • • • • • • • • •		********	
BOY	NION BEAC	CH FL 33436		t	BOYNTON BEACH FL	33436-272	0						
										3. Date Incorporated or Qualified	3a. Da	ite of Last R	eport
										04/10/1995		20/1996	.,
2, P	Principal Place of Business				2a. Mailing Address					4. FEI Number			plied For
21				26					65-0574316		No	t Applicable	
	uite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additionat	
22				27					5.			quired	
	ity & State	y & State			City & State					6. Election Campaign Financing		\$5.00	
23 Z	in	Country			Zip Country					Trust Fund Contribution		Added	
24	۹.	-	¬ ·	29	י '	30	JOGHU	y	:	This corporation has liability for Florida Statutes	Intangible Yes		. 199.032,
27	4 25 25 Same and Address of Current									10. Name and Address of New Registered Agent			
	THE		CE OF LINDA M. GRA				81	I N	lame	100			
12700 BISCANE BLVD.							00	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 401								3	ares Addres	ss (P.O. Box Number is Not Accepts	mei		
			BEACH FL 33181				83	7					
							84	1-	ity			85 Zip (Code
								1	•		FL		
11.	Pursuant to	the provisio	ins of Sections 607.0502	and	607.1508, Florida Sta	atutes, th	ode e	e-na	amed corpo	retion submits this statement for the	purpose of	changing it	s registered
	agent. I am	gistered ago i familiar with	n, and accept the obligat	tions (of, Section 607.0505	, Florida	Statule	es.	e corporatio	oration submits this statement for the on's board of directors. I hereby according	spt trie app	ommem as	registered
	NATURE												
	s	Ignature, typed o	printed name of registered agen				<u> </u>	enl B	gnature required	when reinstating)	DATE		
12.		D	OFFICERS AND	DIRE	DELETE		.1 TITLE			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR Change	S IN 12 Addition
NAME		COHEN, MATTHEW A		L. Dettire			.2 NAME					onenge	
	ET ADDRESS 3515 BARKIS AVENUE				1.3 STREET				RECC				
	ST-ZIP BOYNTON BEACH FL 33436						1.4 CITY-ST-ZIP						
TITLE		D			DELETE	_	1 TITLE	<u> </u>				☐ Change	Addition
NAME	ļ	COHEN, S	STEPHANIE			2	.2 NAME		ĺ				
STREE	T ADDRESS	3515 BAR	KIS AVENUE			2	.3 STREE	T ADD	RESS				
CITY-	ST-ZIP BOYNTON BEACH FL 33436						2. 4 CITY-ST-ZIP						
TITLE					☐ DELE1E	3	.1 THLE					Change	Addition
NAME						3	2 NAME						
STREE	T ADDRESS					3	3 STREET	t add	RESS				j
	ST-ZIP		· · · · · · · · · · · · · · · · · · ·				4. CITY-	\$1-2	IP				
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	T ADDRESS						.3 STREE		ł	****1	65.00	****	65.00 l
	ST-ZIP		- 		heire		4 CITY-5	ST - ZI	Р			Change	
TITLE	}				☐ DELETE	1	.1 TITLE		1			change	☐ Addition
NAM	\						.2 NAME		nron l]
	TODORESS					•	3 STREET						
	ST-Nº				☐ DELETE		<u> 4 CITY-9</u> 1 TITLE	51 - Zii	P		_	Change	Addition
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NAME						1	.2 NAME .3 STREE		npecc			- / 1	17 I
	T ADORESS						A CITY 4		1			\mathcal{A}	$\mathcal{U} \mid$

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Fiorida 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 rocciver or trystee 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.