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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000038088 (7)

ABACOA LAW CENTER, PROFESSIONAL ASSOCIATION

CHASEWOOD PLAZA - SUITE 30 6390 INDIANTOWN ROAD JUPITER FL 33458		Chasewood Plaza - Suite 30 6390 Indiantown Road Jupiter Fl 33458-4807					_		
						 Date Incorporated or Qualified 05/12/1995 		of Last R 1/1996	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21	4	26				65-0582839			ot Applicable
Suite, Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	1
City & State 23		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country Zip Cou			У	8. This corporation has liability for intangible tax under s. 199.032,				
24	[25]		30			Florida Statutes Yes No			
	9. Name and Address of Currer	it Registered Agent	8-	I Name		10. Name and Address of New Re	pistered A	ent .	
	ASON, ADAM S ESQ.		Ľ	INAFIR	3				
	ASEWOOD PLAZA - SUITE 30		82 Street Add			s (P.O. Box Number is Not Acceptab	le)		
) indiantown road Iter FL 33458		8:	 					
JUP	HEN FL 33400			<u> </u>				I I	
			84	City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Segnative Hypice or printed name of registioned ago	ent and littorf app#cable (NOTE	Registered A	ent signatu	re required	when reinstating)	DATE		
12.			13.			ADDITIONS/CHANGES TO OFFIC	ers and e	DIRECTOR	S IN 12
TITLE	Р	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAM5	GUMSON, ADAM S ESQ.		1.2 NAME						
STREET ADDRESS	6390 INDIANTOWN RD #30		1.3 STREE	T ADDRESS					
C(TY+S)+74P			1.4 CITY-	ST-ZIP	↓			_	
TITLE		L_J DELETE	2.1 TITLE				L	_] Change	Addition .
NAME Orbital Appearance			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CHY-ST-7IP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE				-	Change	Addition
NAME			3.2 NAME					Orange	LIII (16dillo)
STREET ADDRESS				T ADDRESS					
CHTY - S1 - ZIP			3.4 CITY						
TITLE		☐ DELETE	4.1 TITLE		1		L	Change	Addition
NAME			4. 2 NAM	F					
STREET ADDRESS			4.3 STREE	T ADDRESS	:				
CITY - ST - ZIP			4.4 CITY-	ST-ZIP					F-14
TILLE		L_ DELETE	5.1 TITLE				L	Change	Addition
NAME			5.2 NAME						
STREET ADORESS				T ADDRESS	-				
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY-	ST-ZIP	 			Change	Addition
TITLE NAME		L. DECCIE	6.1 TITLE 6.2 NAME				L.	Change	Addition
STREET ADDRESS				T ADDRESS					
C.TV C1 700	1	\circ	a Larry	07 7ID					
14. I do heret	by certify that the information supplie	with his filing does not qualify	y for the ex	emption	stated in	n Section 119.07(3)(i). Florida Statute	s. I further o	ertify that	the
informatio Lam an o appears i	in indicated on this arriugh report of s flicer or director of the corporation of n Block 12 or Block 13(1 or a joud, o	suppremental annual report is tr r the receiver or trustee empower r du an attachment with an add	ue and acc ered to exe ress.	curate an	nd that m report a	n Section 119.07(3)(i), Florida Statute ny signature shall have the same lega as required by Chapter 607, Florida S	l effect as i tatutes; and	f made un d that my r	der oath; that name

-taliffici