## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

**1996** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

4922 DYER	ce of Business BLVD M BEACH FL 33407	Mailing Address 4922 DYER BLVD WEST PALM BEACH	FL 33407		UI OFOTO NOON BUNI BETTO MAR NOOF
				3. Date Incorporated or Qualified 3a. I	Date of Last Report
Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number # 65 - 059 - 3830	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
Orty & Stall	le	City & State			Fee Required
]		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country	8. This corporation has liability for intangib	ele tax under s 199.032,
	25 9. Name and Address of Current	29 Registered Agent	30	Florida Statutes X Yes No.  10. Name and Address of New Register	
			81 Name	IV. Humber and Property	90 Agent
	, JOHN C Yer Blyd		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	PALM BEACH FL 33407		83		
***	Chill bid territoria.				
	202.000	-	84 City	F	EL 85 Zip Code
<ul> <li>Pursuani -</li> </ul>	to the provisions of Sections 607 usures	and 607 1508. Florida Statut	tes the above paged come	ration submits this statement for the purpose of	changing its registered office
or registe	red agent or both, in the State of Florida	Such change was author:	zed by the corporation's boa	and of directors. I hereby accept the appointment	has registered agent. I am
	to the provisions of Sections 607.0502 a red agent or both, in the State of Florida ith, ann accept the obligations of Section	Such change was authorin 607.0505, Florida Statute	ized by the corporation's boa	and of directors. I hereby accept the appointmen	t as registered agent. I am
GNATURE.	Signature, typical or pursued name of registered apple an	nd tille if applicable. (NO	IOTE Registered Agent signature require	VCRS of when reinstating)  DATE	23.46
Gnature		nd tile if application. (INC DIRECTORS	OHO (Apont signature required 13.	VGRS 1)/-)	AND DIRECTORS IN 12
GNATURE.	OFFICERS AND  CASTELMAN, SCOTT	nd tille if applicable. (NO	OHAN IOTE Registered Agent signature require 13. 11 TITLE	When reinstainig! DATE ADDITIONS/CHANGES TO OFFICERS A	END DIRECTORS IN 12 Change
GNATURE.  LE  ME  HELLADDRESS	P CASTELMAN, SCOTT 4922 DYER BLVD	MITTLE PLAY INCUSE: PAGE  DIRECTORS  DELETE	OHAN IOTE Registered Agent signature require 13. 11 TITLE	VCRS of when reinstating)  DATE	END DIRECTORS IN 12 Change
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