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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mouham 🕅

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # POSOCOLARZOR (9)

	INERS, INC.	50000+0700	· (0)			
Principa	l Place of Business	Mailing Add	ess			E TREEKOBE FIND ORIGIT BITHI BETHE BESTER BRINI DEBNI ORIHI INDOLM YBNDI FRIN LOCA
759 PARKWAY STREET STE 102 JUPITER FL 33477		STE 102	759 PARKWAY STREET STE 102 JUPITER FL 33477-4567			·
US		US				3. Date Incorporated or Qualified 3a. Date of Last Report .08/09/1996
2. Princ 21	ipal Place of Business	2a. Mailing A	ddress			4. FEI Number APPLIED FOR 93-1200974 Applied For Not Applicable
22	, Apt. #, øtc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City &	\$ State	City & Sta	ate			Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip 24	Country 25	Zip 29	30	Country	,	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
		of Current Registered Age				10. Name and Address of New Registered Agent
_	PUCCI, THOMAS			81	Name	
-	759 PARKWAY STREET			82	Street A	l Address (P.O. Box Number is Not Acceptable)
-66	#Suite 102 Jupiter FL 33477			83		
	VUFITER FE 33477			1		
				84	City	FL 85 Zip Code
11. Purs offic age	suant to the provisions of Section se or registered agent, or both, in nt. I am familiar with, and accep	is 607.0502 and 607.1508, F is the State of Florida. Such o t the obligations of, Section 6	lorida Statutes, t hange was autho 07.0505, Florida	he abov orized by Statute:	e-named o / the corpo s.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNAT	URE					
10		registered agent and title if applicable	(NOTE: Reg	g-stered Age	ent signature r	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P		DELETE	1.1 TITLE		Change Addition
NAME	PUCCI, THOMAS	_		1.2 NAME		the state of the s
STREET ADO		TE 102		1.3 STREET	ADDRESS	
CITY-ST-Z	i ibree e	,	1	1.4 CITY - S	1	
TITLE	8		DELETE	2.1 TITLE		Change Addition
NAME	DOYLE, DOROTHY			22 NAME	ŀ	
STREET ADO		TE 102	ı	2.3 STREET	ADDRESS	
CITY ST .Z	P JUPITER FL			2. 4 CITY -	S1-ZIP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME			į	3.2 NAME	Į	
STREET ADI	DRESS			3.3 STREET	ADDRESS	
City-St-Z	<u> </u>		Dei Ete	3 4. CITY-	ST-ZIP	Dolors District
TITLE		Ĺ.	DELETE	4.1 TITLE	ļ	Change Addition
NAME	ADCOO.		ŀ	4. 2 NAME	10000	
STREET ADD		,		4.3 STREET		
CITY-ST-ZI	<u> </u>		DELETE	4.4 CITY-S 5.1 TITLE	31 - ZIP	Change Addition
NAME	1.	<b></b>		5.2 NAME	}	
STREET ADD	nerss			5.3 STREET	ADDRECC	
CITY-ST-Z			ļ	5.4 CITY - S		
TITLE			DELETE	61 TITLE	i Ell	☐ Change ☐ Addition
NAME		_		62 NAME	1	
STREET ADD	PRESS			6.3 STREET	ADDRESS	
CITY-ST-Z	l,		1	6.4 CITY - S		

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 Blook 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Jun 09 1997 8:00am

Secretary of State