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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057783 (9)

CASS & LEVY, P.A.

CITY-ST-ZIP

District	4.0								
Principal Place of Business Mailing Address					t anniant ein shint britt deitt Antis Chit	. 90101 C 3t (B)	11 1 9 19 11 15 1	es 1117 (GB)	
440 COLUMBIA DRIVE 440 COLUMBIA DRIVE WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33				3					
					3. Date incorporated or Qualified 07/24/1995	3a. Date 06/25	of Last R	eport	
	lace of Business	28. Mailing Address			4. FEI Number	- 	Ar	pplied For	1
21		26			65-0365254	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		Additional	1
22		27			5. Commence of Glands Desired		Fee Re	quired	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zφ	<u> </u>	intry	8. This corporation has liability for in		cunder s		1
[24]	9. Name and Address of Curren	29 Agent	30		Florida Statutes 10. Name and Address of New Res	Yes			_
CAC	SS, MARTIN CPA			81 Name	10. Hame and Address of New Hy	horeren wô			4
	COLUMBIA DRIVE								
	ST PALM BEACH FL 33409			82 Street Add	dress (P.O. Box Number is Not Acceptable	le)			7
				83		***********			
				84 City	THE MAN TO SERVICE AND THE SER	FL	B5 Zip i	Code	
OTHER OF I	to the provisions of Sections 607.050; egistered agont, or both, in the State m familiar with, and accept the obliga	of Florida, Such change	e was authorize	d by the comora	rporation submits this statement for the pation's board of directors. I hereby accep	urpage of ol	anging it trient as	s registered registered	
SIGNATURE									
	Signature, typod or printed name of registered ages		(NOTE: Registere	d Agent signature requ	red when reinstaling)	DATE]_
12.		OFFICERS AND DIRECTORS DP DELETE			ADDITIONS/CHANGES TO OFFICE				CR2E034 (9/96)
TITLE							Change	Addition	9
NAME	CASS, MARTIN			¥M€					8
STREET ADDRESS	DELLE PEROLE CAPOPEIO PLANAS			REET ADDRESS					
CITY-ST-ZIP	STD			TY-ST-ZIP					78
TITLE	LEVY, HOWARD S	☐ DELF				L.	Change		O
NAME	3829 BLUEBELL STREET		2.2 N						
STREET ADDRESS	PALM BEACH GARDENS FL 3	2440		REET ADORESS					
CITY-ST-ZIP	PALMI DEACH GANDERS PL 3			11Y-S1-ZIP			T-2:		-
TITLE		L_J DELE				نا	Change	Addition	
NAME OTOSSET ADDRESON			3.2 N	1					
STREET ADDRESS				REET ADORESS					
CITY-ST-ZIP TITLE		DELE		ITY-ST-ZIP			Observe	1 100	4
					•	L.	Change	Addition	
NAME			4. 2 N						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP TITLE		DELF		TY-ST-ZIP			Chases	Audur-	4
NAME		المان المان		l		<u>L</u> _	Change	Addition	
STREET ADDRESS			5.2 N	i					
				REET ADDRESS					
CITY-ST-ZIP TITLE		DELE		1Y+S1-7IP			Charac	A a a a a a	-
NAME		□ one		l		L	Change	Addition	
1			6.2 N/	l	<i>4</i> .				
STREET ADDRESS	, ,		6.3 ST	REET ADDRESS					1

6.4 CHY - \$1 - ZIP 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 Statules, 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address