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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 20 1997 8:00am Secretary of State

1997 DOCUMENT # P95000058794 (5)

Principal Place of Business 201 E PALMETTO PARK RD BOCA RATON FL 33432 US		Mailing Address 5970 SW 18TH ST STE 242 BOCA RATON FL 33433-7197					
		US			3. Date Incorporated or Qualified	1	eport
2. Principal Place of Busine		2a, Mailing Andres	ee		07/31/1995 4. FEI Number	04/11/1996	plied For
21		26	0.0		65-0603066	}	t Applicable
Suite Apt #, etc		Suite, Apt. #, e	etc.			E9.75	
22		27			5. Certificate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Count	ry	8. This corporation has liability for		199.032,
	25	29	30		Florida Statutes	Yes No	
	and Address of Curre	nt negistered Agent	8	1 Name	10. Name and Address of New I	Hegistered Agent	
JENNY, CAROL				Tranic			
5970 SW 18TH	•		8	2 Street Add	ress (P.O. Box Number is Not Accept	lable)	
BOCA RATON I	-L 33433		8	3		· · · · · · · · · · · · · · · · · · ·	
			8	4 City		FL 85 Zip	Code
on a contract of the contract	ons of Sections 697.050	02 and 607.1508, Florida	Statutes, the abo	ve-named corr	poration submits this statement for the		s registered
 Pursuant to the provision office or registered age agent. Lam fair har will 	int or both, in the State n, and accept the oblig	e of Florida. Such chang pations of, Section 607.0	e was authorized I 505, Florida Statut	by the corporaties.	tion's board of directors. I hereby acc	cept the appointment as	registered
	ent or both, in the State n, and accept the oblig	e of Florida, Such chang gations of, Section 607.0:	e was authorized I 505, Florida Statut	by the corporates.	tion's board of directors. I hereby acc	cept the appointment as	registered
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SIGNATURE Superdoctive types of	a preded name of regarered ag	ent and too if applicable ND DIRECTORS	(NOTE: Registered A	geni signature requi		DATE FICERS AND DIRECTOR	S IN 12
SIGNATURE Suppose Typed C	orpacted hame of region red ag OFFICERS AN	port end tex of applicable	(NOTE: Registered A 13. ETE 1.1 TITLE	gent signature requi	ired when reinstating)	DATE	
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