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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500060331 (2)

JAT AIN	UNAFI NULUINGS CONF.						
Principal Place of Business		Mailing Address		I TONIFERT LEG ENERGY MINIT ONDER DOLLE NURSH	i dollu d alla dülüb isibə dii		
2499 GLADES SUITE 114 BOCA RATON		2499 GLADES RD SUITE 114 BOCA RATON FL 33431-	-7294				
					3. Date Incorporated or Qualified 08/04/1995	3a. Date of Last F 04/03/1996	Report
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	A	pplied For
21		26			65-0618319		ot Applicable
Suite, Apt.	#, etc.	Suite Apt. #, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired		Additional
22		27					lequired
City & State	9	City & State	├ ¬ '		6. Election Campaign Financing		May Be
23 Zip	Country	28	Country		Trust Fund Contribution		to Fees
24	25	29	30		8. This corporation has liability for I	ntangibie tax under t Yes □ No	8. 199.032,
	g. Name and Address of Curre		[30]		10. Name and Address of New Re		
POP	KIN, SHURPIN & MACCARI, P.		81	Name			
	GLADES RD	3 1		C)	70 C D	1-)	
	TE 114		82	Street Add	ress (P.O. Box Number is Not Acceptab	18)	
	A RATON FL 33431		83				
500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			84	City		FL 85 Zip	Code
11. Pursuant to office or reagent. Las SIGNATURE	to the provisions of Sections 607.05(egistered agent, or both, in the Stati m familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida Such change was pations of, Section 607.0505, F	utes, the above s authorized by Florida Statutes	e-named corp the corpora	poration submits this statement for the pation's board of directors. I hereby acception	urpose of changing of the appointment as	its registered s registered
	Signature, typed or printed name of registered ag			nt signature requ	red when reinstating)	DATE	
12.		ID DIRECTORS	13.	· · · · · ·	ADDITIONS/CHANGES TO OFFIC		
TITLE	D DELETE		1.1 T(TL€			Change	Addition
NAME	LUPO, JEANNE A		1.2 NAME				
STREET ADDRESS	2499 GLADES RD SUITE 114		1.3 STREET	1			
CITY-ST-ZIP	BOCA RATON FL 33431	DELETE	1.4 CITY - S	T-ZIP		Chara	Addition
TITLE	L_J DELE		2.1 TITLE			Change	Addition
NAME			2.2 NAME	-			
STREET ADDRESS			2.3 STREET		* .		
CITY-ST-ZIP		☐ DELETE	2. 4 CiTY-5	ST - ZIP		Change	Addition
TITLE						[] Ontarigo	Addition
NAME CERTET ACCOUNTS			3.2 NAME	1000000			
STREET ADDRESS			3.3 STREET	1			
CITY - ST - ZIP TITLE		DELETE	3.4. CITY-5 4.1 TITLE	51-211		Change	Addition
NAME			4. 2 NAME			tan Triange	
STREET ADDRESS			4.3 STREET				
CITY - ST - ZIP			4.4 CITY - S				
TITLE		☐ D€LETE	5.1 TITLE	411		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADORESS			
CITY - ST - ZIP			5.4 CITY - S		·		
TITLE		DELETE	6.1 TITLE	- FI		Change	Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			

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

Daytime Phone #

FILED

Jan 27 1997 8:00am

Secretary of State