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PROFIT CORPORATION **ANNUAL REPORT**

1997

FLORIDA DEPARTMEN: STATE Sandra B. Mortn

Secretary of Sta **DIVISION OF CORPOTONS**

P95000061653 (8)

FILED Apr 30 1997 8:00am Secretary of State

Principal Place 9770 S. MILIT/ SUITE B-7. #7 BOYNTON BE/	ARY TRAIL 77	Mailing Address 9770 S. MILITARY TRAIL SUITE B-7. #777 BOYNTON BEACH FL 33		3. Date Incorporated or Qualified	3a. Date of Last Report
				08/08/1995	05/01/1996
2. Principal Pi	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		11-2387686	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State		27 Cot. 6 State			\$5.00 May Be
23	3	City & State		Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	28 Zip	rtry	This corporation has fiability for in	ntangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
	g. Name and Address of Curre		1301	10. Name and Address of New Reg	gistered Agent
	LINGTON FL 33414		84 City		FL 85 Zip Code
11. Pursuant to office or reagent. La	to the provisions of Sections 607,05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F	ites, the ove-named cor authoriti by the corpora lorida States.	poration submits this statement for the p alion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	gent and the if applicable (NO	1£ : Regis⇔ : Agent signature fequ	poration submits this statement for the pation's board of directors. I hereby acception when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE
SIGNATURE	Signature, typed or printed name of registered ag				DATE
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	gent and trie if applicable (NO: ND DIRECTORS	TE: Registe: Agent signature requ	uired when reinstaling)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS AN D CERAOLO, GERALDINE 14370 LAUREL TRAIL	gent and trie if applicable (NO: ND DIRECTORS	1E: Registe: Agent signature requ 15 1 TILE	uired when reinstaling)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS AN D CERAOLO, GERALDINE	gent and trie if applicable (NO: ND DIRECTORS	18: Registe : Agent signature requ 15: 1 TILE 1 SAME	uired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition
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