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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000067379 (4)

Principal Place of Business Mailing Address 3401 N. FEDERAL HGWY., STE. 216 BOCA RATON FL 33431 Mailing Address 3401 N. FEDERAL HGWY., STE. 216 BOCA RATON FL 33431-6007					
				 Date Incorporated or Qualified 08/31/1995 	3a. Date of Last Report 05/01/1996
2, Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0614939	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8,75 Additional Fee Required	
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability fo	
24	25 Name and Address of Curre	29 29 Agent	[30]	Florida Statutes 10. Name and Address of New R	Yes No
нп	PRVITZ, MICHAEL D		81 Name	10.	
	3401 N. FEDERAL HWY #216			ddress (P.O. Box Number is Not Accepta	ahla)
BOCA RATON FL 33431			<u> </u>		
			83		
			84 City		85 Zip Code
44 Purcurant	t to the provisions of Sections 607.05	02 and 607 1508 Florida St	atutes the above named o	ornoration submits this statement for the	FL by zip sods
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered Agent signature re		DATE
12. TITLE	D OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	HORVITZ, MICHAEL		1.2 NAME		CT Ownings CT Modition
STREET ADDRESS	AAAA NI PERENAL MAMALA	TE. 216	1.3 STREET ADDRESS		
CITY SI-7P	BOCA RATON FL 33431		1.4 City-St-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MADRIS, RUSSELL		2.2 NAME		
STREET ADDRESS		TE. 216	2.3 STREET ADDRESS	4.	*jaar
C/TY+ST-Z/P	BOCA RATON FL 33431	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME		L'I pereie	3 1 TITLE 3.2 NAME		Citable Ci voquion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7:P			3.4. CITY-ST-ZIP		
THE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS		
C+TY+ST+ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE			Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME			62 NAME		Frie coveries Frie continue
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 City-ST-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 Statutes. I further certify that the information indicated on this approal/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 cognoration 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 12 or on an attachment with an address.

SIGNATURE:

561 367 1188

FILED

Apr 15 1997 8:00am

Secretary of State