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 # P95000070985 (3) SUBMINER ORDER OF COMPANIES INC.

	<u> </u>	OF COMPANIE			·					
Principal Place of Business 21218 ST. ANDREWS BLVD. #601 BOCA RATON FL 33433			21218 ST. AN	Mailing Address 21218 ST. ANDREWS BLVD. #601 BOCA RATON FL 33433-2435			1 14014501 118 18	· · · · · · · · · · · · · · · · · · ·		0191 0 112 1 001
						1	3. Date Incorporated or Qualified 09/11/1995 3a. Date of Last Report 07/29/1996			
2. Principal Place of Business 21			2a, Malling Address 26			4, FEI Number 65-06565	4, FEI Number Applied For 65-0656523 Not Applicable			
22			Suite, Apt. #, etc. 27			5. Certificate of	Status Desired Status Desired Fee Required			
City & State			City & State				Campaign Financing \$5.00 May Be Added to Fees			
Zip	'	Country	Zip		Country		1	on has liability for it		
24		25	29		30		Florida Statute		Yes No	
	<u></u>	and Address of Curr	ent Registered Ager	nt			10. Name and A	dress of New Re	Istered Agent	
	rdon, Bri				81	Name				
21218 ST. ANDREWS BLVD. #601 BOCA RATON FL 33433						Street A	ddress (P.O. Box Number is Not Acceptable)			
				83						
					84	City			FL 85 Zi	p Code
11. Pursuant office or i agent. I s	to the provising to the provision to the provise to	ions of Sections 607.09 gent, or both, in the Sta ith, and accept the obt	502 and 607.1508, FI te of Florida. Such ch igations of, Section 6	orida Statute nange was a 07.0505, Flo	s, the above uthorized by rida Statutes	e-named of the corp	corporation submits this oration's board of director	statement for the pors. I hereby accep	urpose of changing the appointment	its registered as registered
SIGNATURE	Signature, typied	or printed name of registered a	igent and little if applicable	(NOTE	: Registered Age	ini signature i	required when re-nstating)		DATE	
12.			ND DIRECTORS		13.			IANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
TITLE	PVST			DELETE	1.1 TITLE		P/1/3/C		Chang	Addition
NAME		N, BRUCE			1.2 NAME	ĺ	GORDON, B	RUCE		
STREET ADDRESS		t. Andrews blvd.			1.3 STREET	ADDRESS	20828 DE	LLUNA DE	۷.	j
CITY-ST-ZIP	BOCA R	ATON FL 33433			1.4 City-S	T-ZIP	BOCA RATO	N,FL 3	3433	
TITLE				DELETE	2.4 TITLE		VID		☐ Change	Addition
NAME					2 2 NAME		ADAMS,	HICHAEL	L.	
STREET ADDRESS					2.3 STREET	ADDRESS	23245 F WOUDLANDHI	RIAR ST	612/2	
CITY-ST-ZIP	ļ				2. 4 CITY - S	ST - ZIP	MOODLANOHI	LLB, CA		
TITLE				DELETE	3.1 TITLE	- 1			Change	Addition
NAME						- 1				
STREET ADDRESS					3.2 NAME					_
CITY-ST-ZIP	[3.3 STREET					
T.T. F	 			DCI EXC	3.3 STREET 3.4. CITY - S					
TITLE				DELETE	3.3 STREET 3.4. CITY - 5 4.1 TITLE				Change	Addition
NAME				DELETE	3.3 STREET 3.4. CITY - 5 4.1 TITLE 4.2 NAME	ST-ZIP				Addition
NAME STREET ADDRESS				DELETE	3.3 STREET 3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREET	ST-ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·			Addition:
NAME STREET ADDRESS CITY-ST-ZIP					3.3 STREET 3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-5	ST-ZIP ADDRESS			Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE				DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ST-ZIP ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					3.3 STREET 3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ST-ZIP ADDRESS T-ZIP			Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP			Change	Addition

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 outh; that 1 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 altachment with an address.

BRUCE GORDON

9-10-97

FILED

Sep 15 1997 8:00am

Secretary of State

561 488-7499