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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000074379 (5)

Principal Pla 1385 NW 7 5 BOCA RATO	486-3215						
					3. Date incorporated or Qualified	3a, Date of Last	Report
					09/25/1995	05/01/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	pplied For
21 Cuito Au	ot #, Gtc.	Suite, Apt. #, etc			65-0625181	60 7E	lot Applicable
'	n P, etc.	27 Suite, Apr. #, etc			5. Certificate of Status Desired		Additional Required
City & St	ede _	City & State			# Fleation Companies Figureins		
23		28			6. Election Campaign Financing Trust Fund Contribution		) May Be I to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
24	25	29	30		Florida Statutes	Yes No	3. 100,00E,
<u> </u>	9. Name and Address of Curr				10. Name and Address of New Ro	egistered Agent	
RI	LEY, WILLIAM A		81 N	ame			
	985 NW 7 STREET		<b>82</b> St	root Addre	ess (P.O. Box Number is Not Accepta	bla	
	OCA RATON FL 33486		02   30	reel Augit	ess (F.O. Box Number is Not Accepta	ible)	
			83				
			1			12-1-3	
			<b>84</b> Ci	ty		FL 85 Zip	Code
office o agent I SIGNATURE			was authorized by the 15, Florida Statutes.  (NOTE Registered Agent sk		oration submits this statement for the on's board of directors. I hereby acce ad when reinstating)	pt the appointment a	s registered
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
HUE	D	☐ DELET	E 1.1 THTLE			Change	Addition
NAME	RILEY, WILLIAM A		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDA	IESS			
CITY - \$1 - ZIP	BOCA RATON FL 33486		1.4 CITY - ST - 2 IF				
TITLE	D	DELET	E 2.1 TITLE	-		L Change	Addition
NAME	RILEY, LORRAINE M		2.2 NAME	ļ			
STREET ADORES			2.3 STREET ADDI	RESS			
CITY - ST - ZIF	BOCA RATON FL 33486		2. 4 CITY - ST - ZI	P			4 4 974
TITLE	1	☐ DELET		- }		Change	Addition
MAME			3.2 NAME				
STREET ADDRES	S		3.3 STREET ADD	ı			
City - St - ZIP		Drift	3.4 CITY-ST-ZI	P		Change	Addition
11TLE		[_] DELET				Change	Modifion
NAME			4. 2 NAME	2500			
STREET ADORES	6		4.3 STREET ADDI				
CITY-ST-ZIP		DELET	4.4 CITY - ST - ZIF E 5.1 TITLE	·		☐ Change	Addition
THE		ביין טנגנו				[ Circling	Available
NAME CTUEL ADDRES			5.2 NAME	oree			
STREET ADDRES	25		5.3 STREET ADD	į.			
COLY - ST - ZIP TOLE		DELET	5.4 CITY-ST-ZIF E 6.1 TITLE			☐ Change	Addition
		<u></u>	1			r - cuango	radition
NAME	}		6.2 NAME	•			
STREET ADORES	oc.		6.3 STREET ADDI	aree		•	

6.4 CITY - ST - ZIP

SIGNATURE:

CHTY-51-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 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 be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, my an attachment with an address.

Daytime Phone #

**FILED** 

Apr 18 1997 8:00am

Secretary of State