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

*PROFIT CORPORATION **ANNUAL REPORT** 1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra S. Wogtham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P 95000087615

Resubstitutes

1997 JUL 14 AN II: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Plac	e of Business	Mailing Address			The state of the s	
3470	て 1845 24 (年	:121)				
· Boce 1	laton PL		•			
BOCK RATON PL 33437					9 Date Incorporated or Qualified	Date of Last Bases
					3. Date incorporated or Qualified N (1) (5)	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	
1 26				65-787489	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				00-31-1	C9 75 Additional	
27					5. Certificate of Status Desired	Fee Required
City & State City & State				-	6. Election Campaign Financing	\$5,00 May Be
28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun	lry	8. This corporation has tiability fo	r intangible tax under s. 199.032,
14	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curren	nt Registered Agent			10, Name and Address of New F	legistered Agent
	ohn Bishop	116000	1	Name		
John Bishopphul (#2904) 5637 Pacific Blud (#2904) Boca Rator, PL 33437			<i>()</i> 1	2 Street Add	fress (P.O. Box Number is Not Accept	able)
20		ハナレクワ				
(So	ica leator, to	- 7373/	[6	13		
•	,			4 City		85 Zip Code
			1			FL
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	lules, the abo	ove-named cor	poration submits this statement for the	purpose of changing its registered
agent. I s	im familiar with, and accept the obligi	stions of Section 607.0505,	Florida Slatu	by the corpora les.	ntion's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE						
44	Signahur (Species printed name of registered age			lgani signalura (equ	red when reinstating)	DATE
Title	OFFICERS AND	VYCATONS DELETE	13.	 	ADDITIONS/CHANGES TO OFF	
			1.1 TITU			Change Addition
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NAME			3.1 Tift			☐ Change ☐ Add-tion
			3.2 NAM	-		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE		Y-ST-ZIP		District Holder
NAME		octor	4.1 1/10			Change Addition
			4. 2 NA	41-		
STREET ADDRESS						
CITIST-ZIP TITLE			4.3 STRI	EET ADDRESS		
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STREET ADDRESS		☐ DELETE	4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI	EET ADDRESS - ST - ZIP E E EET ADDRESS	***************************************	☐ Change ☐ Addition
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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 Plock 13 II stanged, or on an attachment with an address.