PROFIT CORPORATIC ANNUAL REPO 1997	DN N	Sandra Socre	ARTMENT OF STATE B. Mortham tary of State CORPORATIONS	FILED May 09 1997 8:00an Secretary of State		
Principal Piace of Business 221 PELICAN WAY DELRAY BEACH FL \$3483	LDERS, INC.	Mailing Address 221 PELICAN WAY DELRAY BEACH FL 334				
				3. Date Incorporated or Qualified 11/16/1995	3a. Date of Last F 07/08/1996	Report
2. Principal Place of Business		28. Mailing Address 26		4. FEI Number 65-0618846		oplied For of Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75	Additional
2] City & State		27 City & State		6. Election Campaign Financing		equired May Be
a) Zip	Country	28 Zip	Country	Trust Fund Contribution	Added	to Fees
4	25 and Address of Curren	29	30]	8. This corporation has liability for Florida Statutes 10. Name and Address of New Re	Yes No	. 199.032
 Pursuant to the provisi office or registered ag agent. I am familiar with 	ons of Sections 607.050 ent, or both, in the State th, and accept the obliga	2 and 607,1508, Florida Stal of Florida, Such change wa alions of, Section 607,0505,	lutes, the above-named cor s authorized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	FL burpose of changing it burpose of changing it but the appointment as	ts registered
	or printed name of registered age		OIL: Registered Agent signature requ	uired when reinstal.rg)	DATE	1 to 1
Signature, typed 12, TITLE D	OFFICERS AND				DATE	1 to 1
Signature. typed 12. TITLE D NAME CAMPAN	OFFICE HS AND	DIRECTORS	OLE: Hogisterod Agent signaturo requ 13. 1.1 TILE 1.2 NAME	uired when reinstal.rg)	DATE CONTRACTOR	is IN 12
Signature typos 12. TITLE D NAME CAMPAN STREET ADDRESS 221 PELIC	OFFICERS AND	DIRECTORS	OIE Registered Agent signature requ 18. 1.1 NILE	uired when reinstal.rg)	DATE CONTRACTOR	IS IN 12
Signature typos 12. TITLE D NAME CAMPANI STREET ADDRESS STREET ADDRESS	OFFICE RS AND ELLI, ALPHONSE CAN WAY	DIRECTORS	CIE: Registered Agent signature req 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstal.rg)	DATE CONTRACTOR	1 to 1
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Signature typos 12. TITLE D NAME CAMPANI STREET ADDRESS CITY-ST-ZIP DELRAY I TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE RS AND ELLI, ALPHONSE CAN WAY		CHE: Hogisteriod Agent signature requirements of the second signature requirements of the second sec	uired when reinstal.rg)	DATE Change	Addition