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 # P95000088305 (4)

EILEEN CORTNEY, INC.

F)	rinc	ipal	Place	e of	Busine	38.5
4.0	103	CELL	IL COLI		DIDO	4.4

Mailing Address

FILED Mar 18 1997 8:00am Secretary of State



1127 SEMINOLE JUPITER FL 3347			1127 SEMINOLE E. JUPITER FL 33477-										
							<u> </u>		Date Incorporated or Qualifie 11/16/1995		3a. Date of Last Report 03/22/1996		
2. Principal Place of Business			2a. Mailing Addres	6S					FEI Number		L	Ap	plied For
21 Suito, Apt. #.			26	•					65-0631137				t Applicable
22	, v :(t:		Suite, Apt #, e	(C.				5.	Certificate of Status Desired				Additional equired
City & State 23	Mar		City & State						Election Campaign Financing Trust Fund Contribution	,			May Be to Fees
Ζιρ 24	25		Zip 29	30 C	ountry	ſ			This corporation has liability Florida Statutes	for intangib Yes		der s.	. 199.032.
			ent Registered Agent					10.	Name and Address of New	Registered	Agent		
	erwood, b				81	Nan	e						
	seminole Ter fl 3347	e, Bldg 1-a 7			82	Stre	et Address	s (P.	O. Box Number is Not Accep	otable)			
					83								
					84	City				FI	85	Zip (Code
SIGNATURE		t, or both, in the Stalland accept the obli- orated came of aspendus		e was authoria 505, Florida Si (NOTE Registe					oard of directors. I hereby ac	DATE	pointme	nt as	registered
12.			ND DIRECTORS	13			ore required w		DDITIONS/CHANGES TO OF		D DIREC	CTOR	S IN 12
	Р		DELI	TE 1,1	TITLE	•					☐ Ch		Addition
		OD, BARBARA		1.2	NAME								
I .	1127 SEMI			1.3	STREET	ADDRES	s						
CHY-ST-7IP	JUPITER FI	. 33477			CITY-S	T-ZIP							
TILE			☐ DELI	TE 2.1	TITLE						Ch:	ange	Addition
NAME:					NAME								
STREET ADDRESS						ADDRES	5			• •			
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NAVE			الما الما		NAME						L Cha	ange	☐ Addition
STREET ADOPESS						ADDRES	,						
CMY - ST - ZIP					CITY-S		`						
TITLE			DELE		TITLE) I - A II-	+				Cha	ange	Addition
NAMÉ				4.2	NAME							-	
STREET ADDRESS				4.3	STREET	ADDRES	3						
CITY - ST - ZIP				44	CITY-S	T-ZIP							
10.5			☐ DELE	TE 5.1	TITLE	·					Cha	inge	Addition
NAME				5.2	NAME								
STREET ACIONESS				53	STREET	ADDRES	3						
CITY - S1 - 7-2					CITY-S	T-ZIP							
			☐ DELE	TE 61	TITLE						Cha	nna	Addition
TIFLE				■ -								niAc	1
NAME					NAME							ni Ne	
			C Dece	62	NAME	addres						n:Ac	

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 13 if changed, or on an attachment with an address.