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 # POSOCOCOCA/ (2)

Principal Place of Business Mailing Address 103 NW 43 STREET 4500 OAK CIR. BOCA RATON FL 33431 BOCA RATON FL 33431-4212								<u></u> .					
US									3. Date Incorporated or Qualified	1 -	ate of Last R	leport	7
2. Principal Place of Business				A. M. H. Add					11/27/1995	06	/20/1996		4
2, Principal Place of Business				2a. Mailing Address					4. FEI Number 65-0631396			oplied For ot Applicable	-
Sulte, Apt. #, etc.				Suite, Apt. #, etc.							\$8.75		t
22				27					5. Certificate of Status Desired	L —	Fee Re	equired	
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip	· · · · · · · · · · · · · · · · · · ·			Zip		Country			8. This corporation has liability for			. 199.032,	
24 25 25 Name and Address of Current				29 30 30 Registered Agent					Florida Statutes 10. Name and Address of New Re		☐ No Agent		-
MAF	RELL, WILLI					81	Name		10.	<u>g.010.00</u>	7.80		1
1601 FORUM PL., STE. 1101							82 Street Addr		ss (P.O. Box Number is Not Acceptal	nle)			-
WEST PALM BEACH FL 33401													1
						83							
							City			FL	85 Zip I	Code	1
11, Pursuant	to the provis	ions of Sections 607.05	02 and €	607.1508, Florida Statut	es, the a	abovo	e-named	corpo	ration submits this statement for the I	ourpose o	of changing it	ls registered	1
agent. I a	egistered ag m familiar wi	ient, or both, in the State th, and accept the oblig	e of Flori galions d	ida. Such change was a of Section 607.0505, Flo	tuthorizi orida Sta	ed by atutes	the corp s.	ooratio	n's board of directors. I hereby acce	ot the app	pointment as	registored	}
SIGNATURE						- ; ;·-			- N				
12,	Signalure, typed or printed name of registered ager OFFICERS AND						ni s gnature	required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	D DIRECTOR	RS (N 12	16
TITLE	D			DELETE		1.8 TITLE		27	ρ			Addition	0
NAME	ZIRZOW, MARK C			1.21			2 NAME						2
STREET ADDRESS	S 4500 OAK CIR. BOCA RATON FL 33431						1.3 STREET ADDRESS						Ĭř
CITY-ST-ZIP TITLE	D BUCK N	410N FL 33431		DELETE	_	CITY-S TITLE	I - 7 P	51	<u></u>		XI Change	Addition	<u>à</u>
NAME	_	SUSAN B		C Destric		NAME		10	,		(25) Change	[7000001	1
STREET ADDRESS	4500 OA						ADDRESS	}					1
CITY-ST-ZIP	BOCA RA	ATON FL 33431			2.4	CITY-5	31 - ZIP						ļ
TITLE				DECETE		TITLE					Change	Addition	
NAME OTOGET LEBERGO	l					NAME							
STREET ADDRESS							ADDRESS	}					
CITY-ST-ZIP TITLE				DELETE		CHY-S TITLE	51 - ZIP'	 -			Change	Addition	1
NAME					- 2	NAME							}
STREET ADDRESS					. I		ADDRESS ,						1
CITY-ST-ZIP		<u></u>				ÇIIY-S	1 - ZIP					· · · · · · · · · · · · · · · · · · ·	4
TITLE				DELETE	5.1 TITLE			{			Dhange	Addition	1
NAME CTOPET ADDOCCO					5.2 NAME 5.3 STREET A		ADDOCCC						
STREET ADDRESS CITY-ST-ZIP						STREET GITY-S							
TITLE				DELETE		INTE					Change	Addition	1
NAME						NAME							
STREET ADDRESS					G.3 STREET ADDR			(
AUTU AT 910	1							1					1

64 CTY-St-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under early; that the creceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an attackment with an address. 14. I do hereby certify that the information indicated on this enrual I am an officer or director of the central appears in Block 12 or Block 13 (1)

FILED

May 08 1997 8:00am

Secretary of State