## 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 # P95000091075 (8)

	FINANCIAL, INC.					
Principal Plac	e of Business	Mailing Address		1 1001/001 (10 1040) \$151 00/() 00/()	N	
2137 S US HWY ONE 2137 S US HWY ONE JUPITER FL 33477-7337						
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				11/28/1995	02/02/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0623638	Not Applicable	
Suite, Apt.	#, otc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees	
Z <sub>i</sub> p	Country	Zφ	Country	B. This corporation has liability for		
24	[25]	29	30	Florida Statutes	Yes 12 No	
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New I	registered Agent	
	ROURKE, THOMAS M		140116			
2137 S US HWY ONE JUPITER FL 33477			<b>82</b> Street	82 Street Address (P.O. Box Number is Not Acceptable)		
			83	R3		
			B4 City		FL 85 Zip Code	
l office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig.	of Florida. Such change was	authorized by the corr	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered	
SIGNATURE	, -					
	Signaturi, Typed or printed harve of registered ago	······································	TE: Registered Agent signature		DATE	
12.	T	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	DP THOUSE THOUSE	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	O'ROURKE, THOMAS M		1.2 NAME			
STREET ADDRESS	2137 S US HWY ONE		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	JUPITER FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME		Last Deterio	22 NAME		change Addition	
STREET ADDRESS			2.3 STREET ADDRESS			
CHTY-\$1-ZIP			2. 4 CITY - ST - ZIP	1	f .	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	,		
CITY - \$1 - ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TIFLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS			

CITY - \$1 - 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 those concentration 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 Block 13 if changed, or on an attachment with an address. SUI 5759917

**FILED** 

Feb 06 1997 8:00am

Secretary of State