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 # P95000097179 (2)

FILED Apr 14 1997 8:00am Secretary of State

SAZC,	ING.											
Principal Pla	ce of Busines		М	ailing Address				100 100 100 100 000 100				
1109 OCEAN DUNES CIR JUPITER FL 33477 1109 OCEAN DUNES CIR JUPITER FL 33477-9128												
·	TER FL 33477 JUPITER FL 33477-9128 Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State Country Country Zip							3. Date Incorporated or Qualified 12/27/1995		te of Last F 23/1996	eport	
2. Principal I	Place of Busin	noss	28.	2a. Mailing Address				4. FEI Number		Aı	oplied For	
21			26	~				65-0634158			t Applicable	
	-							5. Certificate of Status Desired			Additional	
City & State			27								equired	
			201	F1 '				Election Campaign Financing Trust Fund Contribution	П	\$5.00	May Be Io Fees	
Zip	o Country			· · · · · · · · · · · · · · · · · · ·								
24	├ ──¬ ´		29	1				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name			tered Agent	1001	Γ		10. Name and Address of New Reg				
MA			.— -			81	Name					
						82	Stroot Addr	ess (P.O. Box Number is Not Acceptable				
						02	Sileet Addit	ess (F.O. Box Number is Not Acceptable	0)			
		,,,,				83						
,												
11. Pursuant office or agent. I	to the provise registered ag am familiar w	ions of Sections 607.050 gent, or both, in the State ith, and accept the oblig	2 and 6 of Flori	07.1508, Florida Statu da. Such change was f. Section 607.0505, Ft	les, the a authorize orida Sta	bove d by tutes	e-named corp the corporati	oration submits this statement for the pu on's board of directors. I hereby accep-		changing li piniment as	s registered registered	
SIGNATURE		,		.,								
Oldivitoric	Signature, lyped	for printed name of registered age	, 			d Age	rit signature require	ed when reinstating)	DATE			
12.		OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFICE	RS AND			
TITLE	0	ICDDV I		☐ DELETE		H				Change	Addition	
NAME	MARTIN,				1.2 N							
STREET ADDRESS	s 1109 OCEAN DUNES CIR JUPITER FL 33477					1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-ST-ZIP	JUPITER	rl 334//		DELETE	1.4 C 2.1 TI		T-ZIP			Change	Addition	
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NAME Street Address							ADDRESS					
CITY-ST-ZIP TITLE				DELLIE	3.1 11		S1 - 7(P			Change	Addition	
NAME					3.2 N		İ					
STREET ADDRESS							ADDRESS					
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TITLE				DELETE	4.1 11		71 2"			Change	Addition	
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TITLE	1			☐ DEL€16	5.1 TI			, a		Change	Addition	
NAME	1											
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STREET ADDRESS							ADDRESS					
STREET ADDRESS CITY-ST-ZIP					53S	IREE 1	ADDRESS 1-21P					
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CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		DELETE	53 S	IREET TY-S TEE				Change	Addition	
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	5.3 S 5.4 C 6.1 TI 6.2 N	IREET TY+S TLE AME				Change	Addition	

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 eath, 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 Block 13 changed, or on an attachment with an address.