## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 10 1997 8:00am

Secretary of State

Daytime Phone (

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600004117 (3)

STEPHANIE SAEKS, P.A.

CITY - ST - ZIP

appears in Block 12 or Block 13 if change

Principal Place of Business Mailing Address 11206 HARBOR SPRINGS CIRCLE 11206 HARBOR SPRINGS CIRCLE **BOCA RATON FL 33428 BOCA RATON FL 33428-1248** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes 🔲 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **B1** SAEKS, STPHANIE 11206 HARBOR SPRINGS CIRCLE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. DELETE TITLE 1.1 TITLE Addition SAEKS. STEPHANIE NAME 1.2 NAME CR2E034 11206 HARBOR SPRINGS CIRCLE 5992 N.W. 774 DRIVE.
PARKLAND, FLORIDA 33065 STREET ADDRESS 1.3 STREET ADORESS **BOCA RATON FL 33428** CITY-ST-ZIP 1.4 CfTY - ST - ZIP DELETE TITLE 2.1 TITLE 2.2 AME NAME STREET ADDRESS REET ADDRESS 2.3 CITY-ST-ZIP ITY-ST-ZIP \_\_\_ DELETE TITLE 3.1 Change ☐ Addition 1 F NAME STREET ADDRESS EET ADDRESS CITY - ST - ZIP Y-ST-ZIP DELETE TITLE Change Addition NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP DELETE TLE Change Addition NAME 5.2 AME STREET ADDRESS 5.3 TREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP DELETE TITLE ☐ Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

6.4 City - ST - ZIP

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

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