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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Molinam 🔾

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business Mailing Address 120 PARKWOOD DRIVE 120 PARKWOOD DRIVE ROYAL PALM BEACH FL 33411-8258					
				3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report
	lace of Business S. W. CANOR PLACE	2a. Mailing Address 26 3474 S.W.CM	INOTE PLACE	4. FEI Number	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	CITY , FLORIDA	City & State 28 PALM CITY, F	LORIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3499	Country 25 USA	Zip 29 34990	Country 30 USH		Yes KNo
HAY	 Name and Address of Current/ES, SHARON 	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
120 PARKWOOD DRIVE				Address (P.O. Box Number is Not Accepta	ible)
ROY	AL PALM BEACH FL 33411		83		
			84 City		85 Zip Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.050; egistered agent, or both, in the State m lamiliar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida: Such change was a ations of, Section 607.0505, Fl	es, the above-named authorized by the corp orida Statutes.	corporation submits this statement for the oration's board of directors. I hereby acceptation's	purpose of changing its registered ppt the appointment as registered
SIGNATURE	Signature, typed or printed amo of registered ago	B.D. HAYES	E: Registered Agent signature		4-29-97 DATE
. 12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1 1 TITLE	V	Change Addition
NAME	HAYES, SHARON			TONY HAYES	• •
STREET ADDRESS	120 PARKWOOD DRIVE		13 STREET ADDRESS	BHTH SWIANOR PLACE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 3341			PALM CITY. FL 34990	
TITLE		L☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME Street address			2.2 NAME 2.3 STREET ADDRESS		e e
CITY-ST-ZIP			2.4 City-St-ZiP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			32 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$T-ZIP		<u>-</u> _	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME		ן שבננונ	5.1 TITLE		CT CHANGE (TT MIDISION)
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		1
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
					*

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 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 if phanged or par attachment with an address.

STREET ADDRESS CITY-ST-ZIP

561,222,0080

FILED

Jun 06 1997 8:00am

Secretary of State