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

FILED Apr 23 1997 8:00am Secretary of State

25 Suite Apt. # etc. Suite Apt. # etc. City & State City & State City & State City & State Country Zip No Florida Statutes Yes Zip No No Plorida Statutes Yes Zip No Sireet Address of New Registered Agent MAYZELL, GERALD M 8712 E. MONTEGO BAY BLVD. BOCA RATON FL 33433											Mailing		ESS NE	MENT on Name IT BUSINE	EXPORT	Prim
2. Principal Place of Business 2a, Mailing Address 3c 4. El Number 5c 5c 5c 5c 5c 5c 5c 5													BLVD.			
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City & State S. Cerificate of Status Desired Trust Fund Contribution Acceptable to which a contribution Acceptable to which a contribution S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent MAYZELL, GERALD M 6712 E. MONTEGO BAY BLVD. BOCA RATON FL 33433 84 City FL 83 Zip 11. Pursuant to this provisions of Sections 607 0500 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing in office or registered agent, and both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent, lam handle with an entire with an enti	Not Applicable			<u>, 26 4 1</u>	06	95-		-		Ant # etc				# oto	Suita Ant	
28	⊘ Additional Required			tus Desired	te of Sta	Certificat	5.			Apr. w, etc.				. H. CIC	Soile Apr.	22
Zip	00 May Be				, ,					State	— ´			te	City & State	1
9, Name and Address of Current Registered Agent MYZELL GERALD M 6712 E. MONTEGO BAY BLVD. BOCA RATON FL 33433 14 City FL 85 Zip 17 Pursuant to the previsions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing in office or repistered agent, or both, in the State of Fords Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent are formation with the state of Fords Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent are formation with the statement for the purpose of changing in office or repistered agent are of registered agent and till of the purpose of part	ed to Fees	·····						,	Country	T		······································	Coun		Zio	
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BOCA RATON FL 33433 83 64 City FL 85 Zip 11. Fursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the aboven-nermed corporation submits this statement for the purpose of changing is 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 agent, and familiar with and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. IN THE CONTROL OF PROJECT OF THE Pattered Agent ligostature required when remaining) MAYZELL GERALD M 6712 E. MONTEGO BAY BLVD. 13. SIRRET ADDRESS CITY-S1 ZIP MAYZELL GERALD M 6712 E. MONTEGO BAY BLVD. 13. SIRRET ADDRESS CITY-S1 ZIP DELETE 11. TILE Change MAYZELL GERALD M 6712 E. MONTEGO BAY BLVD. 13. SIRRET ADDRESS CITY-S1 ZIP DELETE 13. TILE Change Change CHANGES CITY-S1 ZIP DELETE 31. TILE Change CHANGES CITY-S1 ZIP CHANGES SIRRET ADDRESS CITY-S1 ZIP DELETE 51. TILE Change ACITY-S1-ZIP ACITY-S1-ZIP Change ACITY-S1-ZIP ACITY-S1-ZIP							 	<u> </u>				RIVD				
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11. Provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing in office or repisitered approf, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with and accept the obligations of Section 607,0505, Florida Statules. Signature. Signa	ip Code	85 Zip Ci						City	84							
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64 CITY-ST-ZIP 14. If 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 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 un																

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 compation 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 12

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/18/97

Claylime Proce #