## 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 # P96000012321 (1)

Principal Plac  \$382 STEVEN BOYNTON BE/	EACH STEERING COLUMNS of Business RD.	Mailing Address 5382 STEVEN RD. BOYNTON BEACH FL 33	437-1043						
						3. Date Incorporated or Qualified 02/05/1996	<b>3a.</b> Da	ate of Last F	Report
2. Principal P	lace of Business	2a. Mailing Address			-	4. FE! Number	-L		applied For
21		26				65-0648415		<del></del>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	<b></b>			Trust Fund Contribution			to Fees
Zip	Country		Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25]	29	30			Florida Statutes Yes No			
***	9. Name and Address of Curren	t Hegistered Agent		81	Name	10. Name and Address of New Re	gistered /	Agent	
THOMANN, SHARON M					INDITIES				
	2 Steven RD. Ynton Beach Fl 33437			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
וטם	INION DEACH FL 33437		83						
					l 				
				84	City		FI	85 Zip	Code
	to the provisions of Sections 607.050; egistered agent, or both, in the State . : familiar with, and accept the obliga	2 and 607,1508, Florida Statu of Florida, Such change was ations of, Section 607,0505, F	ites, the a authorize lorida Sta	above ed by itutes	e-hamed corp the corporation.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of at the app	changing i ointment as	its registered s registered
SIGNATURE	Signature, typed or priviled name of registered ages	nt and the Happlicable (NC	It Registere	d Age	ent signature requi	re(I when re-ostating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	DELETE			ITLE				Change	☐ Addition
NAME	THOMANN, WILLIAM H		1.2 N	IAME					:
STREET ADDRESS	5382 STEVEN RD.		1.3 STREET A		ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33437			1.4 CITY - ST - ZIP			·		
TITLE	D SIGNATURE COMPONENT	☐ DELETE		2.1 TITLE				L Change	Addition
NAME	THOMANN, SHARON M			2.2 NAME					
STREET ADDRESS	5382 STEVEN RD.				ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33437	DELETE		CITY-S	S1 - 7)P			05	<u> </u>
TITLE		L_J DELETE	311		j			L Change	L Addition
NAME			3.2 N						
STREET ADDRESS		•	- 1		ADDRESS				
CITY-ST-ZIP TITLE		DELFTE	3.4. C 4.1 T	CHY-S	51 - ZIP			Change	Addition
NAME		_ Otterit		NAME				Onlings	☐ Addition
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP									ĺ
TITLE	DELETE		4.4 CITY-ST-ZIP 5.1 TITLE		1.716			Change	Addition
NAME		- Private	52 NAME					Ontaingo	
STREET ADDRESS			•		Andress				
CITY-ST-ZIP				ITY-SI					
TITLE		DELETE	6.1 T					Change	Addition
NAME			6.2 N	IAME	1			_	
STREET ADDRESS			. E		ADDRESS .				
CITY-ST-7IP				(I Y - \$1			•		

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

Harow en Thoman

3/10/97 (561)736-2489

**FILED** 

Mar 17 1997 8:00am

Secretary of State