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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 17 1997 8:00am

Secretary of State

(51)393-6610

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014391 (2)

Principal Piac		Mailing Address						
1900 GLADES ROAD SUITE 400 BOCA RATON FL 33431		1900 GLADES ROAD SUITE 400 BOCA RATON FL 33431-733:						
						3. Date Incorporated or Qualified 3a. Date of La 02/15/1996	ast Report	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				65-0660015	75 Additional	
22		27					e Required	
City & State		City & State				.00 May Be		
Zip Country		Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,			
24	25		30			Florida Statutes Yes No		
Name and Address of Current Registered Agent				T.		10. Name and Address of New Registered Agent		
	ENFIELD, WILLIAM R		81	1	Name			
1900 GLADES ROAD SUITE 400			82		Street Addre	ss (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			83	1				
	27,10,10,11,12,00,10,1		84	١.,	City	85	Zip Code	
							·	
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat in familiar with, and accept the obliq	e of Florida, Such change was aut gations of, Section 607.0505, Florid	thorized by da Statutes	y th	ne corporatio	pration submits this statement for the purpose of changi on's board of directors. I hereby accept the appointmen	ing its registered	
12. ·	Signature, typed or printed name of registrated at OFFICERS At	AD DIRECTORS (NOTE: F	13.	ent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
TITLE	D	DELETE	1.1 HILE			Chal		
NAME	GREENFIELD, WILLIAM R		1.2 NAME			·		
STREET ADDRESS	1900 GLADES ROAD, SUITE	400	1.3 STREET	i ADI	DRESS			
CITY-ST-ZIP TITLE	BOCA RATON FL 33431	DELETE	1.4 CHY-ST-ZIP			Char	nge Addition	
NAME				21 TITLE 2.2 NAME		L_I Cha	nge [_] Xoutton	
STREET ADORESS				2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		į		1	
TITLE	DELETE			LE Change		nge Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	☐ DELETE			3 4. CHY-ST-ZIP 4 1 TITLE		Chai	nge Addition	
NAME				4.2 NAME				
STREET ADDRESS			4.3 STREET	i ADI	DRESS			
CITY-ST-ZIP			4.4 CITY - S	\$1-7	/IP			
TITLE	L.) DELETE		5.1 TITLE			L Char	nge Addition	
NAME			5.2 NAME				:	
STREET ADDRESS			5.3 STREET		ſ			
CITY-ST-ZIP TITLE			5.4 CHY-ST-7IP 6.1 THUE		ъ	Char	nge Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADI	DRESS		ļ	
CITY-ST-ZIP			6.4 CITY - S	ST - ZI	ZIP			
informatio	n indicated on this annual report or	supplemental annual report is true r the receiver or trustee empowers	e and accu ed to exec	urat	te and that n	in Section 119.07(3)(i), Florida Statutes, I further certify- my signature shall have the same legal effect as if made as required by Chapter 607, Florida Statutes; and that r	e under oath: that	