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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

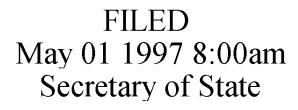
Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P96000019200 (0)

CRYSTAL D. BUIE, P.A.

Principal Place of Business

Mailing Address





C/O W.J. TREMBLAY. P.A. 1801 S. FEDERAL HWY STE. 219 DELRAY BEACH FL 33483		1801 S. FEDERAL HWY	C/O W.J. TREMBLAY, P.A. 1801 S. FEDERAL HWY., STE. 219 DELRAY BEACH FL 33483-3334					
·					<ul> <li>3. Date Incorporated of 02/28/1996</li> <li>4. FEI Number</li> </ul>	or Qualified	3a. Date of Last F	Report
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address				A	pplied For
21		26	26			09419		lot Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				- \$8.75	Additional
22		27	27			Desired	Fee R	lequired
City & State	В	City & State	City & State			Financing	\$5.00	May Be
23		28	28			ition		to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation ha	s liability for i	ntangible tax under :	s. 199.032,
24	25 29 30		30		Florida Statutes 💢 Yes 🗌 No			
9. Name and Address of Current Registered Agent					10. Name and Addres	s of New Re	gistered Agent	
	MBLAY, W.J.			81 Name	D. J. TREAM	BIA	1. P.A.	
	1 S. FEDERAL HWY.		82 Street Add		Address (P.O. Box Number is N	lot Acceptab	le)	
	TE 219		ļ					
g Deu	RAY BEACH FL 33483		ļ	83				
			ļ	84 City			FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut e of Florida, Such change was a	es, the ab	ove-named by the corp	corporation submits this staten	nent for the p	urpose 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statules.								
SIGNATURE								
Signature, typed or printed name of registered agent and title Papplicable (NOT: Firgistere 12. OFFICERS AND DIRECTORS 13.				Agent's gnature	required which relistating) ADDITIONS/CHANG	S TO OFFIC	DATE EDS AND DIRECTOR	DC (N) 10
TITLE			1.1 117	T	PST	.5 10 0110	Change	
NAME	BUIE, CRYSTAL D	para Dittit			1 3 /		24 Change	A SU MOURION
STREET ADDRESS	ARRA CATHLOT COLUTE		1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 City-St-ZIP					
TITLE			2.1 TIT				Change	Addition
NAME	<u>-</u> ∎ ·		2.2 NA				orlange	
STREET ADDRESS								
·	The state of the s			REEL ADDRESS				
CITY-ST-ZIP TITLE	2.4 DELETE 3.1			Y - \$1 - ZIP .			Change	Addition
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			1	REFT ADDRESS				
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NAME			4, 2 NA				C Outride	C. Addition
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CITY-ST-ZIP TITLE			4.9 CH 5.1 TH	Y - ST - ZIP		$-H \gamma_{0}$	↑ □ Change	Addition
NAME	_					1 /		L. ADDITION
STREET ADDRESS			5.2 NAME			6	1	
l.	<b>,</b>		5.8 STREET ADDRESS 5.4 CITY - ST - ZIP			ر"		
CITY-ST-ZIP TITLE			5.4 CH 6.1 TH		ومسى يستدر واستر واستر		gram game and laphanan	Addition
	I			-	រាក់ពីព្រំព័	1216	SSED Dange	LT WOULDIN
NAME execut annuage			6.2 NAI		-05/05/9		19008	
STREET ADDRESS			6.8 STREET ADDRESS		***165.0	U		
CITY-ST-ZIP			6.4 CIT	Y - ST - ZIP				

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 changed, or on an attachment with an address.