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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000025358 (8)

FILED Apr 30 1997 8:00am Secretary of State

Principal Piace of Business Mailing Address 639 EAST OCEAN AVE. SUITE 207 BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435-5014												
DO INTO I DENOTITE WHO								3. Date Incorporated or Qualified 3a. Date of Last 03/21/1996		Last Re	eport	
2. Principal P	lace of Business	2a. 26	, Mailing Addres	is				4. FEI Number 45-0653969				plied For t Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.				6. Certificate of Status Desired		60 7F		dditional	
City & State			City & State					6. Election Campaign Financing	0	\$5.00 May Be		
23		28						Trust Fund Contribution				o Fees
Zip	Country	├ ~¬	Zìp	q	ountry	,		8. This corporation has liability		ble tax ui		199.032,
24	25 g. Name and Addres	29 29 as of Current Regis	stered Agent	[30]				Florida Statutes 10. Name and Address of New				
^A	SCIO, CARL A				81	Nam	e					
) EAST OCEAN AVEN	UE			82	Ctror	a Addr	ass (P.O. Box Number is Not Acce	ntable)	·····		:
	TE 207	-				3000	AUUIT	SSS (F.O. DOX MUITIDALIS MOC MOCO	plable)			
80	YNTON BEACH FL 33	1435			83							
					84	City		· · · · · · · · · · · · · · · · · · ·	C	L 85	Zip (Code
												hereteren a
11. Pursuant office or	to the provisions of Secting stered agent, or both	ions 607.0502 and 6	607,1508, Florida ida. Such change	Statutes, the was authorized.	above ed by	e-name	ed corporation	oration submits this statement for to on's board of directors. I hereby a	he purpose ccept the a	sppointm	ent as	registered
agent Ta SIGNATURE	Signature typed or ponted name	ept the obligations of registered agent and tille	of, Section 607.05 e if applicable.	(NOTE: Registe	ered Age	S.		od when reinstating)	DATI	<u> </u>		
agent Ta SIGNATURE	om familiar with, and acci Signature typed or profed name	ept the obligations o	of, Section 607.05 e if applicable. CTORS	(NOTE: Register	red Age	S.			DATI	E IND DIRE	CTOR	S IN 12
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to more years that the mornation supplied with this iming does not qualify in the exempton stated in section 119.07(5)(f). Fixing statutes. Information indicated on this annual report of 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 polyporation 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 or Block 13 if planged or or an acttachment with an address.

SIGNATURE: