FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000026761 (2)

ERIC J. MATHESON, P.A.

Principal Place	e of Business	Mailing Address		t todisact via saita alitri Artes abest aritri advir tibin ritii ibria alitri ibria alita i lebt eart
205 WORTH A PALM BEACH		205 WORTH AVE SUITE 20 PALM BEACH FL 33480-465		
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1996 NA
	lace of Business Worth Ne.	26. Mailing Address	orth Ave	4. FEI Number
Suite Apt 22 # 3.2	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State		
23 Pal		1/ I	sch if	Trust Fund Contribution Added to Fees
24 7 37	5480 25 115A		Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
291	9. Name and Address of Curre		30 0.91	10. Name and Address of New Registered Agent
MAT	THESON, ERIC J		61 Name	
	WORTH AVE SUITE 201			Dame
	M BEACH FL 33480			address (P.O. Box Number is Not Acceptable) Auge Suite 201 to Suite 320
1710	in bevorrie dovod		63	-()
				Sine
			84 City	Came FL 85 Zip Code Same
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such change was at	uthorized by the corpo	orporation submits this statement for the purpose of changing its registered reation's board of directors. I hereby accept the appointment as registered
SIGNATURE	, ,			
	Stgrature, typed or puried name of registered as	jent and title if applicable (NOTE:	Registered Agent signature re	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.TLE	D	☐ DELETE	1.1 TITLE	E Change Additio
NAME	MATHESON, ERIC J		1.2 NAME	3
STREET ADDRESS	205 WORTH AVE SUITE 201		1.3 STREET ADDRESS	205 Worth Ne Suite 320
CITY-ST-ZIF	PALM BEACH FL 33480		1.4 OTY-ST-ZIP	
THLE		DELETE	21 TITLE	Change Additio
NAME			2.2 NAME	
STREET ADDRESS	•		2.3 STREET ADDRESS	
CHY-S1-701			2.4 CEY-ST-ZIP	
TITLE		[_] DELETE	31 TITLE	Change Additio
NAME:			3.2 NAME	Α.
STREET ADDRESS			3.3 STREET ADDRESS	
CHY-ST-ZIP		DELETE	3.4. CITY+ST-ZIP	Change Addition
F. ILE NAME		L DECESE	4.1 TITLE	L] Change L] Additio
			4. 2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIF TITLE		DELETE	4.4 OTY - ST - ZIP 5.1 TITLE	☐ Change ☐ Additio
NAME		Land District	5.2 NAME	Criange Autolito
STREET ADDRESS			5.3 STREET ADDRESS	
CBY-SI-ZIP			5.4 OTY-ST-ZIP	
TITLE		☐ DELETE	6.1 THLE	Change Additio
NAME			6.2 NAME	time orange to the
SIREFT ADDRESS			6.3 STREET ADDRESS	
City - ST - ZiP			6.4 O TY-ST-ZIP	
14. I do hereb	by certify that the information supplie	ad with this filing does not qualify	for the exemption sta	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the
information Lam an of	n indicated on this annual roport or flicer or director of the corporation on h Block 12 or Block 13 if changed, o	supplemental annual report is tru or the receiver or trustee empowe	ue and accurate and the	nat my signature shall have the same legal effect as if made under oath; th port as required by Chapter 607, Florida Statutes; and that my name