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 # P96000027621 (7)

LAW OFFICES OF MICHAEL J. MCNICHOLAS PROFESSIONA L ASSOCIATION

Principal Place of Business

Mailing Address

FILED Apr 08 1997 8:00am Secretary of State



900 S. FEDERAL HIGHWAY. 1ST FLOOR STUART FL 34995		900 S. FEDERAL HIGHWAY. Stuart Fl. 34994-3733	900 S. FEDERAL HIGHWAY, 1ST FLOOR STUART FL 34994-3733		
	•••			3. Date Incorporated or Qualified 03/28/1996	Sa. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26 P.O. Box	2394	65-0655056	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		e El c O di Electric	
City & Stat	é	City & State	FloRidA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29 34995-2394 3	o USA	Florida Statutes	Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent
SCH	ILICHTE, PAUL G		81 Name		
	4 HOLLYWOOD BLVD.		82 Street Ad	dress (P.O. Box Number is Not Acceptate	ole)
HOLLYWOOD FL 33020				<u> </u>	
			83		
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Statutes	s the above-named co	rporation submits this statement for the p	ournose of changing its registered
off oo or i	requetered agent, or both, in the S	itale of Flonda. Such change was au bligations of, Section 607.0505, Flori	thorized by the coroor	ation's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE.	Signature Typind or printed name of registers	d agent and title trapproable (NOTE:	Registered Agent signature req	juired when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TILE	PD	DELETE	1.1 TITLE		Change Addition
NAME	MCNICHOLAS, MICHAEL J		1.2 NAME		
STREET ADDRESS	900 S. FEDERAL HIGHWAY	/, 1ST FLOOR	1.3 STREET ADDRESS		
CITY - ST - ZIP	STUART FL 34995		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME:			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		• "
CITY-S1-7IP	A STATE OF THE STA		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 THILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		•
CITY - SY - 7IP		DELETE	3.4. CITY-ST-ZIP		Change
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ACCRESS			4.3 STREET ADDRESS		
CITY - ST - ZiP		T ASIETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		L_J DELETE	5.1 TITLE	•] Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY - \$1 - 2)P		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	<u> </u>	Change Addition
TOTAL		□ been			— Armania — sagaran
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
011Y-\$1-7iP	hy certify that the information e-in	onlied with this filing does not qualify	for the exemption state	ted in Section 119.07(3)(i), Florida Statute	es. I further certify that the
intermeti	an indicated on this annual report	t or europlamental annual report is tru	se and accurate and th	nat my signature shall have the same leg	al effect as it made under oath: that
i arn an d appears	oinder or director of the corporation in Block 12 or Block 13 if Ahange	on or the receiver or trustee empowerd, or on an attachment with an addr	ess.	port as required by Chapter 607, Florida	Signator, and that the frame