SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBYA 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO 7 LINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Aug 04 1997 8:00am

Secretary of State

0-1-1-51-4142

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place 12300 ALTERI	DIE REALTY AND INVESTM DE OF Business NATE A1A. SUITE 204 GARDENS FL 33410	Mailing A				DO NOT WRITE I	N THIS SPACE
						3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
Suite, Apt.	# etc	26 Cuitz	Suite, Apt. #, etc.			65-065 7336	Not Applicable
22	. W, OLO.	h	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e		City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	28		Country		Trust Fund Contribution	Added to Fees
Zip 24	Country Zip 29		30		Y	This corporation owes or has paid Personal Property Tax due June 3	b '
	9. Name and Address of Curre		Agent			10. Name and Address of New Reg	
	tes, Jeff A			81	Name		
	300 ALTERNATE A1A, SUITE 204				Street Add	dress (P.O. Box Number is Not Acceptable	1)
PALM BEACH GARDENS FL 33410				83			
				84	City		85 Zip Code
					1		
11. Pursuant office or	to the provisions of Sections 607.056 registered agent, or both, in the State	02 and 607.150 o of Florida. Su	8, Florida Statut ch change was	les, the abov authorized b	e-named cor y the corpora	rporation submits this statement for the pulation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
ı	am familiar with, and accept the oblig	ations of, Secti	on 607.0505, Fi	orida Statute	S.	· ·	,,
SIGNATURE	Signature, typed or printed name of registered ag	ent and the if applica	able (NOT	L Registered Ag	ent signature requ	uired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	President, 1		DELETE	1.1 TITLE			Change Addition
NAME STREET ADDRESS	Seff A. Ketrs			1.2 NAME	T ADDRESS		
CITY-ST-ZIP	30 thurston Dr.	dens Fl.	33418	1.4 CITY-5			
TITLE		Servey 1	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET	r address		
CITY-ST-ZIP			DELETE	2.4 CITY-	ST-71P		Change Addition
TITLE NAME			L1 Maria	3.1 TITLF 3.2 NAME			Cusude Theorem
STREET ADDRESS				3.3 STREET	LADDRESS		
CITY-ST-ZIP				3.4. CITY-			
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP			Florerse	4.4 CITY - S	ST-ZIP		
TITLE			DELETE	5.1 1(TLE			Change Addition
NAME STOCET ADDRESS				5.2 NAME	ADDRECO		
STREET ADDRESS CITY-ST-ZIP				5.3 STREET 5.4 CITY - S			
TITLE			6.1 TITLE	,, ,,,		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
DOTY OF THE	1 *			1			

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 eath; 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.