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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032998 (2)

444 HOLDING COMPANY

Principal Place of Business

Mailing Address

444 S.E. 5TH AVENUE DELRAY BEACH FL 83483

444 S.E. 5TH AVENUE DELRAY BEACH FL 33483-5211



FILED 97 SEP 22 PM 3: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified 3a. Date of Last Report

•					04/15/1996	
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			Applied For
21		26	26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Dosired	\$8.75 Additional
		27			5. Certificate bi Status Dosned	Fee Required
City & State	9	City & State	City & State			9 \$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	, ,	for intangible tax under s. 199.032.
24	25]	29	30		Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen						
HOUI, JUNATHAN				81 Name		
301 YAMATO ROAD				82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 3103				63		
BOCA RATON FL 33431				3		
			8	4 City		85 Zip Code
			"			FL [*]
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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						
office or re agent. Lar	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Fjorjoal Such change was igations of, Section 607,0505. F	aumonzed t Iorida Statute	iy the col es.	riporation's board of directors. I hereby ac	scept the appointment as registered
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered	agord and title if applicable (NC	III: Registered A	gent signatu	ore required when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	☐ DITETE	1.1 TO LE			Change Addition
NAME	CLAYTON, DAVID		1.2 NAME	: .	600002	2301 <u>03</u> 6550
STREET ADDRESS			1.3 STREI	ET ADDRESS	-09/2	23010360 3/9701056013
CITY-ST-ZIP	MON DATA DEL DI LA		14 CHY-	ST-ZIP	米米米米	165.00 ****165.00
TITLE		DELETE	211011			Change Addition
NAME)			22 NAME			
STREET ADDRESS			2.3 S1RE	ET ADDRESS	3	
CITY-ST-ZIP			2. 4 CITY			
TITLE S			3.1 TITLE			Change Acdition
NAME 4			3.2 NAME			_
STREET ADDRESS				T ADORESS	\$	
CITY-ST-ZIP			34 CITY			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAM			
STREET ADDRESS				ET ADDRESS	,]	
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CITY-ST-ZIP		DELFTE	4.4 City- 5.1 Title	SI-ZIP		Change Addition
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NAME			5.2 NAME		. }	1/2/1
STREET ADDRESS				ET ADDRESS	·	1((1/1)
CITY-S1-ZIP			5.4 CITY	ST-ZIP		-\\/\
TITLE		☐ DELETE	6.1 TITLE		1	Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS	;	
CITY-ST-ZIP			64 CITY-			
14. I do hereb	y certify that the information suppl	ied with this filing does not qua	lify for the ex	emption :	stated in Section 119.07(3)(i), Florida Stat	utes. I further certify that the

Imministration 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 or Lam 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 it changed, or on an attachment with an address.