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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State of DIVISION OF CORPORATIONS

1997 POCUMENT # P96000035737 (

Principal Place		Mailing Address 726 NW 7TH ST		65-07344	######################################			
BOCA RATON FL 33486		BOCA RATON FL 33486-3508			, -			
				3. Date Incorporated or 04/22/1996		3a. Date	of Last Ro	oport
2. Principal Pla	ace of Business	28. Mailing Address 26 P.O. BOX	27-2949	1	SOE ATTA	(ches)		plied For ot Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status I	Desired		8.75 A	Additional
City & State		Chiv & State	TON, FL	6. Election Campaign F	-	П	\$5.00	May Be
Zip	Country	2p / 2 7 7 1.	Country	Trust Fund Contribut 8. This corporation has	liability for in	ntangible tax		
<u> </u>	25 9. Name and Address of Cui	rrent Registered Agent	30 05/4	Florida Statutes 10. Name and Address		Yes M		
SCH	WARTZ, TERRENCE S		81 Name					
	NE THIRD AVE		82 Street Add	dress (P.O. Box Number is No	ot Acceptabl	le)		
TIOS Maim	E 601		83					
MIM	AI FL							
-			 84 City				5 Zip (Code
						FL		
office or re agent. I ar	o the provisions of Sections 607.4 ogistered agent, or both, in the St n familiar with, and accept the ob	0502 and 607.1508, Florida Statut late of Florida, Such change was oligations of, Section 607.0505, Fl	les, the above-named cor authorized by the corpora orida Statutes.	poration submits this statemo ation's board of directors. I he	ent for the pu preby accep		anging its ment as	s registered registered
IGNATURE .		0502 and 607.1508, Florida Statut rate of Florida. Such change was a pligations of, Section 607.0505, Florida			ent for the po creby accep	urpose of ch t the appoint	anging its ment as	s registered registered
IGNATURE	Signature, typicd or printed name of requistered		los, the above-named cor authorized by the corpora orida Statutes. 1. Registered Agent signature requi			urpose of chit the appoint		
IGNATURE 2.	Signature, typed or printed name of registeres OFFICERS	f agent and little if applicable (NO?	E. Registered Agent signature requ	uved when re-relating)		Urpose of chit the appoint DATE DERS AND D		RS IN 12
SIGNATURE (12.	Signature, typed or printed name of registeres OFFICERS D POMAR, MARIA E	f agent and title if applicable (NOT AND DIRECTORS	E Registered Agent signature requ	uved when re-relating)		Urpose of chit the appoint DATE DERS AND D	IRECTOF	RS IN 12
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Pusabus

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Secretary of State