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

PROFIT



FLORIDA DEPARTMENT OF STATE

	RPORATION UAL REPORT 1997		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 97 May - 1 PA		વ		
OCU	MENT # P9	6000036242						•		
GLOB/	ON NAME AL MARKET MAK	ERS, INC.		·	SECRETARY OF TALLAHASSEE,	- STATE Florid	iA			
ncipal Plac	ce of Business		Malling Address							
3339 PI	NE HILL TRAIL		3339 PINE HILL TF	RAIL						
PALM BEACH GARDENS, FL			PALM BEACH GARDENS, FL							
33418			33418			 Date Incorporated or Qua 4/25/96 	Illied	3a. Date of	Lest R	eport
Principal Place of Business			2a. Mailing Address 28			4. FEI Number 65-0660186			_	pplied Fo
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desir) be		3.75	Additiona equired
City & Sta	te	28	City & State			Election Campaign Finance Trust Fund Contribution				May Be to Fees
Zip	Coun 28		Zip	Country		This corporation has liabil Florida Statutes	ity for inte		nder s	
		eas of Current Reg				10. Name and Address of N				
15 SUI	ORIDA INCORPORA Sidonia avenue T e 2 R al gables fl 331	·		82 Street 1221	RIDA IN Addres 1 BRIC	ICORPORATORS, INC. s (P.O. Box Number is Not Ac KELL AVENUE	ceptable)			
				84 City MIAN	E 900	:		FL 85	Zip (Code
. Pursuant office or	to the provisions of Se registered agent, or bo	ctions 607.0502 and th, in the State of Flo	607.1508, Florida Statutes rida. Such change was au	thorized by the col	d corpora rporation	ation submits this statement fo 's board of directors. I hereby	r the purp accept fi		ging it ent as	s registe registere
GNATURE	March 1	MARK	HANKINS, PRESIDEN	T. FLORIDA INC	CORPO	RATORS, INC.	41	30197	<u>-</u>	
. <u></u>	Signature, typed or printed ner	ne of registered agent and if OFFICERS AND DIRI		Registered Agent signatur 13.	required s	when reinstating) ADDITIONS/CHANGES TO	OFFICER	S AND DIRE	CTOR	S IN 12
LE	D		DELETE	1.1 TITLE	Ţ			□ CI	hange	Add
VIE	HAFFIREE HOR	BERT.J		1.2 NAME		1,000,02,1	<u>,</u> 67	<u>681-</u>		1
EET AODRESS	11841 LAKE SHOR NORTH PALM BEA	E DRIVE		1.3 STREET ADDRESS		-U5/U5/ ####16	5 NB	10830 ****16	104 25 O	n
Y-ST-ZIP .E		(OI), I E 33400	DELETE	1.4 City-St-ZiP 2.1 TMLE	P	4444.10	J. 00			N Add
ME.				2.2 NAME	WILL	AM B. BROWN			•	77
EET ADDRESS	 			2.3 STREET ADDRESS		PINE HILL TRAIL				
Y-ST-ZIP E			DELETE	2.4 C/TY-ST-ZIP	PALM	BEACH GARDENS, FL 3	3418			1774
.t de			T DETE IE	3.1 TITLE 3.2 NAME	T	CILIOTT DOOUGL		☐ @	ange	Py Vqq
EEI ADORESS				3.3 STREET ADDRESS		ELLIOTT BROWN PINE HILL TRAIL				
-ST-ZIP				3.4. CITY-ST-ZIP	PALM	BEACH GARDENS, FL 3	3418			
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AE				4, 2 NAME	l					
EET ADORESS				4.3 STREET ADDRESS						
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né				5.2 NAME				W	in the	
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EET ADDRESS				6.2 NAME		۸۱۸				
- ST-ZIP				6.3 STREET ADDRESS 6.4 City-St-Zip			5-2	1-97		
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I do hereby certify that the information supplied with this filling 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 path; 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.

IGNATURE: POLITICATE ROBERT J. LAFERRIERE

April 30, 1997

(561) 683-4116