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

PROFIT CORPORATION ANNUAL REPORT , 1997 DOCUMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 05 1997 8:00am Secretary of State

Principal Place 5684 PURDY WEST PALM	e of Business LN BEACH FL 33415	Mailing 5684 F WEST	Address PURDY LN PALM BEACH FL ing Address e, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1996 4. FEI Number 65 - 0669957 Not Applied For Not Applied 5. Certificate of Status Desired \$8.75 Additional
City & State		27 City	& State			Fee Required
23	v	28	o otato			6. Election Campaign Financing \$5.00 May Ele Trust Fund Contribution Added to Fees
Zip	Country	Zip		Count	try	8. This corporation owes or has paid the current year Inlangible
24	25	29		30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Cur	rent Registered	Agent		1 Name	10. Name and Address of New Registered Agent
568	NNER, ROBERT JR 84 PURDY LN SST PALM BEACH FL 33415			8		it Address (P.O. Box Number is Not Acceptable)
office or re agent. I as SIGNATURE	egistered agent, or both, in the Standamiliar with, and accept the ob-	ate of Florida. Su digations of, Sec	uch change was a tion 607.0505, Flo cable. (NO)	authorized orida Statut	by the corr es.	od corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered use required when relinsiating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OP .	,	DELETE	1.1 TITLI		Change Addition
NAME	RE NNER, ROBERT JR			1.2 NAM	E (
STREET ADDRESS	5684 PURDY LN			1.3 STRE	£1 ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33	3415		1.4 CITY	- ST- ZIP	
TITLE			☐ DELETE	2.1 7(1)		Change Addition
NAME				2.2 NAM	E i	
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CITY-ST-ZIP TITLE			DELETE	2 4 CiTY 3 1 TiTLE	-ST-ZIP	☐ Change ☐ Addition
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STREET ADDRESS				1	ET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITLE	- ST - ZIP	Change Addition
NAME			_ been	6.2 NAM		E Grange Adout
STREET ADDRESS	_			1	ET ADDRESS	
CITY-ST-ZIP					- ST-ZIP	
	by certify that the information suppl	lied with this filir	ng does not qualit			stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

I. I do hereby cartify 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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.