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

Mailing Address

222 RIDGEVIEW DRIVE

2a. Mailing Address

PALM BEACH FL 33480-3306

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

3. Date incorporated or Qualified

06/05/1996

FEI Number

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000047662 (7)

CONSTANCE, INC.

Principal Place of Business

2. Principal Place of Business

appears in Block 12 or Block 13 if

SIGNATURE:

222 RIDGEVIEW DRIVE

PALM BEACH FL 33480

21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζiρ Country Žω Country This corporation has liability for intangible tax under s. 199.032, Yes Yes Florida Statutes 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KRASKER, PAUL A **625 NORTH FLAGLER DRIVE** Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83 84 City Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE THOMAS, CONSTANCE D 1.2 NAME NAME 222 RIDGEVIEW DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480 1.4 CITY - ST-ZIP CITY: \$1 - 7(6) DELETE Change Addition THE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS DHY-S1 2.4 CITY-ST-ZIP DELETE Addition 31 TITLE Change THILE NAM 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CHTY - ST DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY: \$1-ZiF 4.4 CITY-ST-ZIP DELETE Addition Chance 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS. CITY - S1 - 201 6.4 CITY-ST-ZIP

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 path; that tam 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