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• PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PARADODED 139 (0)



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SECRETARY OF STATE

129 QUAYSIDE DR.   JUPITER FL 33477   JUPITER FL	lpal Piace		, INC.	00001	TĂLUĂŅĀŠŠKĒ PLORIDA							
129 OUAYSIDE DR. JUPITER FL 33477-4020  2. Principal Place of Business	sipui riaco	of Ausiness		Mailing	Address							
2. Principal Piace of Business   2a. Mailing Address   2a. Mailing Address   2a. Suite, Apt. #, etc.   2a. Suite, Apt. #, etc.   2b. Suite, Apt. #, etc.   5b. Certificate of Status Desired   58.7%   57.0%	129 QUAYSIDE DR. 129 QUAYSIDE DR.											
Suite, Apt. #, etc.  Suite, Ap								06/10/1996	lified <b>3a.</b> Da	ate of Last Ro	eport	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   \$8.7'	<del></del> ,			<del> </del>						plied For t Applicat		
City & State	Suite, Apt. #, etc.				Suite, Apt. #, etc.				ed 🗀	\$8.75	dditional	JIE
28					R State					Fee Re	<del></del>	
28					d Siate							
VIVANI, MARIE F   129 QUAYSIDE DR. JUPITER FL 33477   81   Street Address (P.O. Box Number is Not Acceptable)   82   Street Address (P.O. Box Number is Not Acceptable)   83   84   City   FL   85   Zi   85   Zi   86   City   FL   86   Zi   87   88   88   88   88   88   88   8	ip	· — ·		<u> </u>	<u></u>		ry	8. This corporation has liability for intangible tax under s. 199.032,				
VIVANI, MARIE F   129 QUAYSIDE DR. JUPITER FL 33477   87   20   20   20   20   20   20   20   2			Address of Curre									
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 office or registered eigent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and tide if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE			Addies of Culle	aur nagistarat	Agent	8	1 Name	IV. Hallie and Address of H	ew negistereu	Mann		$\dashv$
######165, 00   PELETE   AS JAME   PELETE   AS JAME   PELETE   PEL			<b>)</b>				Street A	Hanna (D.O. Day Niyashay in Mat A				_
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 office or registered eigent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Syed or printed name of registered agent aims life if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  15. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Street ADDRESS  17. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. STREET ADDRESS  10. STREET ADDRESS  10. STREET ADDRESS  10. STREET ADDRESS  11. TITLE  12. DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  15. Change  15. City-ST-ZIP  16. Change  17. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. STREET ADDRESS  19. STREET ADDRESS  20. STREET ADDRESS  21. STREET ADDRESS  22. STREET ADDRESS  23. STREET ADDRESS  24. CITY-ST-ZIP  17. ST-ZIP  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  25. STREET ADDRESS  26. STREET ADDRESS  27. STREET ADDRESS  28. STREET ADDRESS  29. STREET ADDRESS  20. STREET AD								eet Address (P.O. Box Number is Not Acceptable)				
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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 oath; that if 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 or an attrichment with an address.

EPI

To Thom It May (oncern) for \$165.00 because this notice, Gust arrived in my 3.0. Box today. At is the first only notice Those received & therefor of feel I should not be responsible for mail I haven It received. Afyou have any question please do hat hesitate the call. Shank upou Marie Vereance 1-954-428-3664