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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000060099 (4)

Principa: Place of Business 855 N.E. 78TH STREET BOCA RATON FL 33487	Mailing Address 855 N.E. 78TH STREET BOCA RATON FL 33487-17	53					
				Date Incorporated or Qualifie 07/16/1996	ed 3a. Da	ite of Last R	leport
2. Principal Place of Business	2a. Mailing Address	:		4. FEI Number	مسرء		oplied For
Suite, Apt #, etc.	Suite, Apt. #, etc.	:			<u>0</u> ο		ot Applicable Additional
22	27	<u> </u>		5. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip Cauntry	Zip	Country	y	This corporation has liability			
25 9. Name and Address of Cu	[29]	30		Florida Statutes 10, Name and Address of New	Yes [
HAWLEY, JOHN R	Ittent Hegistered Agent	81	Name	10, Name and Address of New	Mediateled 1	Agent	······································
855 N.E. 78TH STREET		82	Street Add	dress (P.O. Box Number is Not Acces	(aldate		
BOCA RATON FL 33487				and the second			
		83					
		84	City		FL	85 Zip	Code
	Isligations of Spetian 607 0605. Fla	vida Statuta	y the corpora	ation's board of directors, i neleby ac	cebruse app	ORIGINALIC SES	
SIGNATURE Signature, typind or proded name of registers				poration submits this statement for thation's board of directors. I hereby action when reinstating) ADDITIONS/CHANGES TO OF	DATE		
SIGNATURE Superland of proceed same of registers 12. OF FICERS THE D	ad agent and title if applicable. (NOT)	E Registered Ag		uired when reinstating)	DATE		
SIGNATURE Signature: typed or proded name of register 12. OFFICERS TITLE D HAWLEY, JOHN R	id agent and title if applicable. (NOTE	13. 1.1 TITLE	ent signature requ	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE Signature: typed or proded name of registers 12. OFFICERS TITLE D HAWLEY, JOHN R SIREELADDRESS 855 N.E. 76TH STREET	id agent and title if applicable. (NOTE	E Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature requi	uired when reinstating)	DATE	DIRECTOR	RS IN 12
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PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/16/97

FILED

Apr 22 1997 8:00am

Secretary of State

561-241-0757

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