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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000066687 (0)

FLORID		OF JUPITER, INC.	J00001	(0)							
Principal Plac	e of Busines	SS	Mailing Address				a ipadikaan kir ibiila biini bahila bahila bahila bahila ba	in denie binie bii		(† 1821 1831	
1060 WOODCOCK ROAD			1080 WOODCOCK ROAD								
SUITE 285			SUITE 285				}				
ORLANDO FL	32903-3514		ORLANDO FL	32803-3514			3 Data la constata de Confident	1 20 10-4-	-(10015		٦.
							3. Date Incorporated or Qualified 08/07/1996	3a, Dato	Of Last H	report	
2. Principal f	Place of Busi	ness	2a. Mailing Address				4. FEI Number		1 14	pplied For	-{
21			26				59-3397551			ot Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				T			Additional	1
22			27				5. Certificate of Status Desired		Fee Re	equired	
City & Stat	le		├- 1	City & State			6. Election Campaign Financing \$5.00 May Be				l
Zip Country			Zip Country				Trust Fund Contribution Added to Fees				
		25	29	ŀ	~~~1	У	8. This corporation has liability for intangible tax under s Florida Statutes		. 199.032,		
24	9. Name and Address of Curre						10. Name and Address of New Registered				
LIPA	WHYAY, U	·			81	Name					1
		IORA ROAD			82	Stroot Ad	dress (P.O. Box Number is Not Accepta	bloì			-
PORT ST. LUCIE FL 34952						Ollool Ad	Addiess (1.0. dox nomber is not Acceptable)				
											1
					84	City			85 Zip	Code	┨
							FL]
office or a agent. I a	to the provis registered ag im familiar w	sions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblig	02 and 607.1508, Flo e of Florida. Such ch gations of, Section 60	orida Statute lange was au 07.0505, Flor	is, the abou uthorized b rida Statulo	re-named co by the corpor bs.	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of che pt the appoin	anging it tment as	ts registered registered	
SIGNATURE				·							
12.	Signature, typico	or printed name of registered as	ent and tile if applicable ND DIRECTORS	(NO11	Hogistered Ag	ient signature red	pulsed which reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	DECTOR	20 IN 12	1,
TITLE	PSD	OFFICENSAL		DELETE	1111111		ADDITIONO/OTIANALO TO OTT		Change	Addition	18
NAME		'AY, URVI			1.2 NAME						15
STREET ADDRESS		CANORA ROAD			1.3 STREE	I ADDRESS					18
CITY-ST-ZIP	PORT ST	T. LUCIE FL 34952			1.4 CITY-	S1-7IP					ង្ក្រ
TITLE				DELETE	2.1 7/11 €				Change	Addition	۱۲
NAME	ļ				2.2 NAME						-
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CITY-ST-ZIP					2 4 CITY-	·ST-ZIP			· 		_
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CITY-ST-ZIP TITLE				DELETÉ	3.4. CITY - 4.1 TITLE	31-20			Change	Addition	1
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STREET ADDRESS	}				1	1 ADDRESS					
CITY-ST-ZIP					4.4 CHY-						
TITLE				DELETE	5.1 TITLE				Change	Addition	1
NAME					5.2 NAME						1
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CITY-ST-ZIP					5.4 CITY-	ST-ZIP					
TITLE				DELETE	61 ITTLE				Change	Addition	
NAME					6.2 NAME	-					
STREET ADDRESS	!					1 ADDRESS					1
CITY-ST-ZIP					6.4 CHY-3	S1 - ZIP					1

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 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.

SIGNATURE: TANOSITAKOSHIGON DI CIRVATI UPADHYAY

4-9-97

561-745-6993

FILED

Apr 14 1997 8:00am

Secretary of State