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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077207 (4)

ANDREW J. CONNOLLY, P.A.

Principal Place of Business

Mailing Address

FILED May 14 1997 8:00am Secretary of State



1000 S FEDERAL HWY, SUITE 212 DEERFIELD BEACH FL 33441			DEERFIELD BEACH FL 33441-7047						
						3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last F	Report	
	ace of Business	2a, Mailing	2a, Mailing Address			4. FEI Number		pplied For	
21		26	26			65-0700 121	/ N	ot Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27				6. Certificate of Status Dealred	Fee R	equired	
City & State	9	City & S	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution			
Zip	Countr	y Zip	├ -			8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30			ю		Florida Statutes Yes 🔼 No			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
GONNOLLY, ANDREW J					81 Name				
	O S FEDERAL HWY,				Street Add	reet Address (P.O. Box Number is Not Acceptable)			
DEE	ERFIELD BEACH FL	33441							
*				83					
				84	City		FL T	Code	
11. Pursuant to office or re	to the provisions of Sec egistered agent, or both	tions 607.0502 and 607.1508, n, in the State of Florida. Such	Florida Statutes change was au	the above	e-named cor the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing in the appointment as	its registered registered	
_	The state of	/(_			.			i	
SIGNATURE	Signature, typed or printed name	of registered agent and till of applicable	OD Char	Registered Age	ent signature requ	uired when reinstating)	DATE		
12.	0	FFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
TITLE	PK 17 10		DELETE	1.1 TITLE			Change	Addition	
NAME	AND NOW J	Hwy # 212		1.2 NAME	-				
STREET ADDRESS	1000 & Fed			1.3 STREET	ADDRESS			li	
CITY-ST-ZIP	Dec Milo	Beach Har 33	441	1.4 CITY-5	IT - ZIP			li	
TITLE			DELETE	2.1 TITLE			☐ Change	Addition	
NAME				2.2 NAME	İ				
STREET ADDRESS				2.3 \$TREE1	ADDRESS				
CITY-ST-ZIP				2. 4 CITY -	S1 • ZIP				
TITLE			DELETE	3,1 TITLE			☐ Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP	<u>-</u>			3.4. CITY-	ST-21P				
TITLE			DELETE	4.1 TITLE			☐ Change	Addition	
NAME				4 2 NAME	[•	
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY - S	T-ZIP				
TITLE			DELETE	5.1 TITLE		المناس ال	☐ Change	Addition	
NAME				5.2 NAME		60000219 -05/27/97010	11006		
STREET ADDRESS				5.3 STREET	ADDRESS	-05/27/97010	31023		
CITY-ST-ZIP				5.4 CITY-S	T - ZIP	***185.00			
TITLE			DELETÉ	6.1 TITLE			☐ Change	Addition	
NAME				6.2 NAME	Ī			cs	
STREET ADDRESS				6.3 STREET	ADDRESS	•			
CITY-ST-ZIP				6.4 CITY-S	1- 7 IP			5/14/97	

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.

954-421-6477