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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077292 (6)

FITZGERALD, HAWKINS, MAYANS & COOK, P.A.

Principal Place of Business Mailing Address						0 0+11 10011 10010 1 1 010 1 014
515 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401		515 NORTH FLAGLER DR	515 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401-4321			
					3. Date Incorporated or Qualified 09/17/1996	3a. Date of Last Report
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0694491	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip [29]	Country 30	,	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
CO	OK, GREGORY D ESQ		81	Name		
515 NORTH FLAGLER DRIVE SUITE 900			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)
	ST PALM BEACH FL 33401		83			
			84	City		85 Zip Code
						FL
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 607,0508, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed menn of registered age			int signature requir	red when reinstating)	DATE
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	COOK, GREGORY D	_ breeze	1.2 NAME			C Change C Addition
STREET ADDRESS	515 NORTH FLAGLER DRIVE	∮ 900	1.3 STREET	ADODECC		
1	WEST PALM BEACH FL 33401			1		
C:TY - ST - ZIP TITLE	D	DELETE	1.4 GITY - S 2.1 TITLE	1-214		Change Addition
NAME	FITZGERALD, E C III	L. John J.	22 NAME			City Overlige
STREET ADDRESS	515 NORTH FLAGLER DRIVE	#9 00	23 STREET	ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2 4 City-	γ .		
TITLE	D	DELETE	3 1 TITLE	" I"		Change Addition
NAME	HAWKINS, LYNN G		3 2 NAME	İ		. —
STREET ADDRESS	515 NORTH FLAGLER DRIVE	∮90 0	33 STREET	ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	j	3.4. CITY-			
TITLE	D	DELETE	41 TITLE			Change Addition
NAME	MAYANS, STEVEN A		4, 2 NAME			
STREET ADDRESS	515 NORTH FLAGLER DRIVE		4.3 STREET	ADDRESS		
CITY-SI-ZP	WEST PALM BEACH FL 33401		4.4 CITY - S	T- ZIP		***************************************
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	ł		
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ı I - ZIP		
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET	AODRESS		
CITY-ST-ZIP			6.4 CITY - S	J-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

informat or 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 corphilation 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 of clanged, or on an altacument with a cardress.