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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000078635 (5) DOCUMENT #

MA DOCKET CODE

## **FILED** Jan 31 1997 8:00am Secretary of State

Principal Place of Business C/O ROBERT E. MANN 6355 LA COSTA DRIVE APT. J BOCA RATON FL 33433	Mailing Address C/O ROBERT E. MAI 6355 LA COSTA DRIV BOCA RATON FL 334:	E APT. J				<b> </b>
			3. Date Incorporated 09/23/1996	or Quaimed 3a. Da	ate of Last Report	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 07	700682	Applied Fi	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of State	us Desired 🔲	\$8.75 Addition Fee Required	nal
City & State	Crty & State		6. Election Campaig	n Financing	\$5.00 May Be	e
23	28		Trust Fund Contri		Added to Fees	
Zip Coun	· · · · · · · · · · · · · · · · · · ·	Country	-· ·	nas liability for Intangible Yes	etax under s. 199.03 ☑No	32,
24 25 25 Adds	29  ress of Current Registered Agent	[30]	Florida Statutes	es of New Registered		
XI	1960 Of Outlett Hogistered Agent	81 N	lame	or or man representation	- No.	
MANN, ROBERT E	1					
6355 LA COSTA DRIVE		<b>82</b> S	treet Address (P.O. Box Number is	Not Acceptable)		
BOCA RATON FL 3343		83		***************************************		
DOOM PATOR 1 E 3343	3	<u> </u>		······································		
		<b>84</b> C	City	FL	85 Zip Code	
11 Pursuant to the provisions of So	ctions 607,0502 and 607,1508. Florida St	atutes, the above-no	amed corporation submits this stat		f changing its regist	tered
office or registered agent, or bo	ctions 607.0502 and 607.1508, Florida St oth, in the State of Florida. Such change w ocept the obligations of, Section 607.0505	as authorized by the	e corporation's board of directors.	I hereby accept the app	pointment as register	red
agent, I am tamiliar with, and ad	ccept the obligations or, Section 607.0505	, Florida Statutes.				
SIGNATURE						
Classical Land to recited as	me all too stored appet and title if tooks able	(NOTE: Pagintared Agent ei	institute required when directation	DATE		<del></del>
Signature, typed or printed rea			ignature required when reinstating)	DATE GES TO DEFICERS AND	DIRECTORS IN 12	
Signature, typed or printed rail	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHAN	DATE GES TO OFFICERS AND		
Signature, typed or printed real  12. THE PD	OFFICERS AND DIRECTORS	13. 1.1 TITLE				
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Lam an officer or director of the appears in Block 12 or Block 13 or the receiver or trustee empowered to execute this report as required by or on an attachment with an address.