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 #	P96000080129	(5)
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METNICK & BROWNSTEIN, P.A.

FILED Feb 05 1997 8:00am Secretary of State



					-{		E (MARE LANK ERRE)
Principal Place of Business Mailing Address			•				
SUITE 320	KISO LINTON BLVD. 5150 LINTON BLVD. SUITE 320 SUITE 320 DELRAY BEACH FL 33484-6525						
OCENA DENV	HITE GOTOF	DESIGN DERON 12 W	101 0020		3. Date Incorporated or Qualified 09/26/1996	3a. Date of La	ast Report
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	26		65-0700327 Not Applicable		
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt #, etc.		5. Certificate of Status Desired Fee Required		
City & State	10	City & State	City & State		· 		
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for	ntangible tax und	ter s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent		····	10. Name and Address of New Re	gistered Agent	
CAPITAL CONNECTION, INC.				etnick Korneth			
l .	E. VIRGINIA ST.		62	Street Addr	ess (P.O. Box Number is Not Acceptat	ele)	
STE			83	5159	O LIVERY BIAD		
IAL	LAHASSEE FL 32301-1283		55	Sur	065 an		
			84	City Del	OAR RCH		Zip Code 33484
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508 Florida Sta	atutes, the above	named corp	poration submits this statement for the p	urpose of changi	ing its registered
office or r Lagent, La	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change w ations of, Section 607,0505	as authorized by Florida Statutes	the corporat	tion's board of directors. I hereby accept	ot the appointmen	it as registered
	Dened motor	4	, , , , , , , , , , , , , , , , , , , ,			107	
SIGNATURE	Signature: typed or purposed name of registered ag	ert and tirk it applicable ((NOTE: Registered Agen	nt signature requir	red when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	D	DELETE	1.1 TOTLE	12	Conneth Hetrick 2 President 1 Vice Secretary y tre	☐ Cha	inge 🔲 Addition 👌
NAME	METNICK, KENNETH		1.2 NAME	, ,	chart hothin	But deep	},
STREET ADDRESS	5150 LINTON BLVD., SUITE 3	20	1.3 STREET /	address 1) (Se 31 gen) 1010	(0()()	} /
CITY - ST - ZIP	DELRAY BEACH FL 33484		1.4 CITY-ST	r-ZIP	Secretary & Kul	4)4000	
TITLE		L DELETE	2 1 TITLE	[/	Cha	inge ∐ Addition <
NAME			2.2 NAME	ļ			į
STREET ADDRESS			2.3 STREET	Address			
CITY - ST - ZIP			2. 4 CITY - S	T-ZIP			
TITLE		DELETE	3.1 TITLE	İ		∐ Cha	inge 🔲 Addition
NAM:			3.2 NAME	· · ·			ļ
STREET ADDRESS			3.3 STREET	. }			1
CITY-S1-ZIP	ļ	Druce	3.4 CITY-S	T-ZIP			anno T Addition
TITLE	1	L_ DELETE	4.1 TITLE			∐ Cha	inge LJ Addition
NAME			4 2 NAME				ł
STREET ADDRESS			4.3 STREET				
CITY-S1-ZIP		DELETE	4.4 CITY - S1	T-ZIP		Cha	ange Addition
TITLE			5.1 JITLE			L 016	n.Ao (***) Vonccoul
NAME	1		5.2 NAME	IDDOLO0			}
STREET ADDRESS			5.3 STREET	I			
CHY-ST-ZIF		DELETE	5.4 CITY-ST	1 · ZIP .		Cha	ange Addition
TITLE	\	F"I NETELE	61 TITLE	. [LJ CIR	ange LI Addition
NAME			62 NAME	+000000			
STREET ADDRESS	}		6.3 STREET	1			ſ
CITY-ST-7IP	by certify that the information evenly	ad with this films dose not a	6.4 CITY - ST		n in Section 119 (7/3)(i). Florida Statute	s. I further certifu	that the

• For mereby certify that the information supplied with this hing does not qualify for me 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 - 498-9979