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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000090087 (3)

FILED Apr 23 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3339 SOUTH CONGRESS AVENUE SUITE 105 LAKE WORTH FL 33461 LAKE WORTH FL 33461-4119								·	3. Date Incorporated or Qualified 3s. Date of Last Re							
										/1996						
2. Principal f	Place of Busines	5	2a.	Mailing Address					4. FEI Nu	-					Applied Fo	<u> </u>
21			26						65	07	2240	26			lot Applica	
Suite, Apt 22	t #, etc		27	Suite, Apt. #, etc). 				5. Certific	ate of Stati	us Desired		<u> </u>		Additiona Required	.1
City & Sta	ate			City & State					6. Election	, -			-,		May Be	
23		Country	28	7:			 .			and Contrib					to Fees	
Zip	<u> </u>	Country	-	Zip	<u> </u>	ountry	/		8. This co		as liability	for inta		ax under No	s. 199.032	≥,
24	9 Name ar	d Address of Curr	29	tered Agent	30				10. Name	Statutes	es of New					
	ANAGAN, THE		om negio	orda Agoris		81	Name)	10. 1141110	uno Addit		· ·····	torou n	gont		
		nege NGRESS AVENU	F							 				······································		
	IITE 105	HOLLOO ATERO	L			82	Street	Addres	ss (P.O. Box	Number is	Not Acce	ptable)				
	KE WORTH FL	33461				83	 					···				
		. 00101				-										
						84	City						FL	85 Zir	Code .	
11. Pursuant	t to the provision	s of Sections 607.0	502 and 60	07.1508, Florida S	Statules, the	abov	e-name	corpo	ration submi	ts this state	ment for t	he purp	ose of o	hanging	its registe	red
office or	registered ager	s of Sections 607.0 it, or bolh, in the Sta and accept the ob	ate of Floric	ta. Such change	was authori.	zed by	y the co	rporatio	n's board of	directors.	l hereby a	ccept th	he a ppo	intment a	s registere	ed
ugone i	Companies origin,	DIG GOOGDI MIS ON					e e									
			nganona or	, 3601001 007.050	o, monda o	(altrie	S.									
SIGNATURE		printed name of registored							When reinstating				DATE			
			agent and litte	if applicable		erød Agi			when reinstating				DATE		PRS IN 12	
SIGNATURE	Signature Apedia	printed name of registional OFFICERS A	agent and litte	if applicable	(NOTE: Regist	erød Agi		e required	when reinstating	II INS/CHAN	3ES TO 0		date I S AN D I		PRS IN 12	
SIGNATURE	D FLANAGAN	OFFICERS A	agent and little	if applicable CTORS	(NOTE: Regist	erød Agr		e required	when reinstating	II INS/CHAN	3ES TO 0		date I S AN D I	DIRECTO	PRS IN 12	
SIGNATURE 12. TIRE	D FLANAGAN 3939 S CO	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	if applicable CTORS	(NOTE: Regist	ered Age 3. I TITLE 2 NAME		e required	when reinstating	II INS/CHAN	3ES TO 0		date I S AN D I	DIRECTO	PRS IN 12	
SIGNATURE 12. THE	D FLANAGAN 3939 S CO	OFFICERS A	agent and little	if applicable CTORS DELETI	(NOTE: Regist 1; E 1: 1.: 1.:	ered Age 3. I TITLE 2 NAME	ent signatu	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND I	DIRECTO Change	PRS IN 12	lition
SIGNATURE 12. THEF NAME STREET ADORESS	D FLANAGAN 3939 S CO	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	if applicable CTORS	(NOTE: Regist 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	ered Age 3. I TITLE 2 NAME 3 STREET	ent signatu	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND I	DIRECTO	PRS IN 12	lition
SIGNATURE 12. THEF NAME SIRGELADORESS CITY-ST-ZIP	D FLANAGAN 3939 S CO	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	if applicable CTORS DELETI	(NOTE: Regist E 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	ered Age 3. I TITLE NAME STREET	ent signatu	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND I	DIRECTO Change	PRS IN 12	lition
SIGNATURE 12. THEF NAME STREET ADORESS CHY-SI-ZIP THEE	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	if applicable CTORS DELETI	(NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ered Age 3. I TITLE 2 NAME 3 STREET 1 CITY-S I TITLE 2 NAME 3 STREET	ent signatu T ADDRESS ST - ZIP T ADDRESS	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND I	DIRECTO Change	PRS IN 12	lition
SIGNATURE 12. THEF NAME SIREELADORESS CITY-S1-7/P THEE NAME SIREELADORESS CITY-S1-2/P	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable TORS DELETI DELETI	(NOTE: Begister 1	ered Age 3. I TITLE 2 NAME 3 STREET 1 CITY-S I TITLE 2 NAME 3 STREET 4 CITY-	ent signatu T ADDRESS ST - ZIP T ADDRESS	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND I	OIRECTO Change	Add	lition
SIGNATURE 12. THEF NAME SIREET ADORESS CITY-ST-ZIP THEE NAME STREET ADORESS CITY-ST-ZIP THEE THEE NAME STREET ADORESS	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	if applicable CTORS DELETI	(NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ered Age 3. I TITLE NAME STREET CITY-S I TITLE NAME NAME STREET 4 CITY- STREET	ent signatu T ADDRESS ST - ZIP T ADDRESS	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND I	DIRECTO Change	PRS IN 12	lition
SIGNATURE 12. THEF NAME SIREET ADORESS CITY-ST-ZIP THEE NAME STREET ADORESS CITY-ST-ZIP HEE NAME NAME	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable TORS DELETI DELETI	(NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ered Age 3. I TITLE 2 NAME 3 STREET 1 CITY-S 1 TITLE 2 NAME 4 CITY- 1 TITLE 2 NAME	ent signatu I ADDRESS ST - ZIP I ADDRESS ST - ZIP	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND I	OIRECTO Change	Add	lition
SIGNATURE 12. THEF NAME SIREET ADDRESS CITY-ST-ZIP THEE NAME SIREET ADDRESS LITTLE NAME SIREET ADDRESS	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable TORS DELETI DELETI	(NOTE: Regist 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	ared Age 3. I TITLE NAME 3 STREET I CITY-S I TITLE NAME 3 STREET I CITY- I TITLE I NAME I TITLE I NAME I NAME I NAME I NAME I STREET	ent signatu I ADDRESS ST-ZIP I ADDRESS ST-ZIP	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND I	OIRECTO Change	Add	lition
SIGNATURE 12. THE NAME SIREET ADDRESS CITY-ST-ZIP THE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable STORS DELET DELET	(NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. I TITLE NAME STREET CITY-S I TITLE NAME STREET CITY-S TITLE NAME TITLE NAME TITLE NAME STREET NAME STREET	ent signatu I ADDRESS ST-ZIP I ADDRESS ST-ZIP	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE S AND	DIRECTO Change	PRS IN 12 Add	dition
SIGNATURE 12. THEF NAME SIREET ADDRESS CITY-ST-ZIP THEE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP THEE NAME	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable TORS DELETI DELETI	(NOTE: Regist 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	erod Agr. I TITLE P NAME S STREET I CITY-S I TITLE P NAME S STREET I TITLE P NAME S STREET S TITLE P NAME S STREET I TITLE	ent signatu T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE S AND	OIRECTO Change	Add	dition
SIGNATURE 12. THEF NAME SIREEL ADORESS CITY-ST-7IP THEE NAME SPREEL ADORESS CITY-ST-722 THEE NAME SIREEL ADORESS CITY-ST-7212 THEE NAME SIREEL ADORESS CITY-ST-7212 THEE NAME	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable STORS DELET DELET	(NOTE: Regist 11: 13: 14: 15: 15: 15: 15: 15: 15: 15: 15: 15: 15	erod Age 3. I TITLE P NAME S STREET OF THE NAME A CITY-S TITLE P NAME S STREET A CITY-I TITLE P NAME	ent signatu I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE S AND	DIRECTO Change	PRS IN 12 Add	dition
SIGNATURE 12. THEF NAME SIREELADORESS CITY-ST-7PP THEE NAME SPREELADORESS CITY-ST-7PP THEE NAME SIREELADORESS CITY-ST-7PP THEE NAME SIREELADORESS CITY-ST-7PP THEE NAME SIREELADORESS	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable STORS DELET DELET	(NOTE: Regist 11	ETOD AGO TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE S AND	DIRECTO Change	PRS IN 12 Add	dition
SIGNATURE 12. THEF NAME SIREET ADDRESS CITY-ST-7IP THEE NAME SPREET ADDRESS CITY-ST-72P THEE NAME SIREET ADDRESS CITY-ST-7IP THEE NAME SIREET ADDRESS CITY-ST-7IP	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable CTORS DELET DELET DELET	(NOTE: Regist 11	ETOD AGO TITLE NAME STREET TITLE NAME STREET STITLE NAME STREET NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE S AND	DIRECTO Change	PRS IN 12 Add	dition
SIGNATURE 12. THEF NAME SIREELADORESS CITY-ST-7PP THEE NAME SPREELADORESS CITY-ST-7PP THEE NAME SIREELADORESS CITY-ST-7PP THEE NAME SIREELADORESS CITY-ST-7PP THEE NAME SIREELADORESS CITY-ST-7PP THEE NAME	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable STORS DELET DELET	(NOTE: Regist E 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	OF THE PROPERTY OF THE PROPERT	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	e required	when reinstating	II INS/CHAN	3ES TO 0		DATE S AND	DIRECTO Change	PRS IN 12 Add	dition
SIGNATURE 12. THLE NAME SIREELADORESS CITY-ST-ZIP THLE NAME	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable CTORS DELET DELET DELET	(NOTE: Regist E 1: 1.3 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.4 1.4 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	OF THE PROPERTY OF THE PROPERT	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	>,	when reinstating	II INS/CHAN	3ES TO 0		DATE S AND	DIRECTO Change	PRS IN 12 Add	dition
SIGNATURE 12. THLE NAME SIREELADORESS CITY-ST-ZIP THLE NAME SIREELADORESS	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable CTORS DELET DELET DELET	(NOTE: Regist 1: 1.1	OFFICE OF A STREET OF THE A COUNTY OF THE A CO	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	>,	when reinstating	II INS/CHAN	3ES TO 0		DATE S AND	DIRECTO Change	PRS IN 12 Add	dition
SIGNATURE 12. THLE NAME SIREELADORESS CITY-S1-ZPP	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable CTORS DELET DELET DELET	(NOTE: Regist 11	OF THE PROPERTY OF THE PROPERT	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	>,	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND	DIRECTO Change Change	Add	dition
SIGNATURE 12. THE NAME SIREELADORESS CITY-SI-ZIP THE	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable CTORS DELET DELET DELET	(NOTE: Regist E 1: 1.3 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	OFFICE OF A STREET OF THE PROPERTY OF THE PROP	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	>,	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND	DIRECTO Change	Add	dition
SIGNATURE 12. THE NAME STREET ADORESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable CTORS DELET DELET DELET	(NOTE: Begist E	OFFICE OF A CONTROL OF A CONTRO	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	D,	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND	DIRECTO Change Change	Add	dition
SIGNATURE 12. THE NAME STREET ADORESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME THEE NAME THEE THEE	D FLANAGAN 3939 S CO LAKE WOR	OFFICERS A I, THERESE NGRESS AVE, S	agent and little	d applicable CTORS DELET DELET DELET	(NOTE: Regist 1: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	OFFICE OF A CONTROL OF A CONTRO	T ADDRESS ST-ZIP	D,	when reinstating	II INS/CHAN	3ES TO 0		DATE IS AND	DIRECTO Change Change	Add	dition

14. Ido hereby certify that the information supplied with this filing does not quality 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with air address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/57 561-435-8660 Dayling Proces 0328382