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 # P96000092629 (0)

FILED May 06 1997 8:00am Secretary of State

		E CUNTRACT, II		Ning Address						
7800 HANAH/ LAKE WORTH	AN PLACE	s	78	ailing Address <mark>00 Hanahan Place</mark> KE WORTH FL 3346 7-	7721					
								Date Incorporated or Qualified 11/07/1996	Sa. Date of Last Rep	
Principal Place of Business 1				2a. Mailing Address 26				4. FEI Number 65 - 071.		pplicable
Suite, Apt			27	Suite, Apt. #, etc.				6. Certificate of Status Desired	S8.75 Add	
City & Sta	ite	-	28	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 M	
Zip		Country		Zip	Co	untry		8. This corporation has liability for I	ntangible tax under s. 1	
24	· · · · · · · · · · · · · · · · · · ·	25	29		30				Yes 🗶 No	
		and Address of Cui	rrent Regis	tered Agent		64	Nome	10. Name and Address of New Re	gistered Agent	
	anina, Fra					81	Name			
7800 HANAHAN PLACE LAKE WORTH FL 33487						82	Street Add	dress (P.O. Box Number is Not Acceptable)		
LA	NE WURIN	rl 3340/				83		Marie Company		······································
						84	City		FL 85 Zip Co	
office or agent 1: SIGNATURE		gent, or both, in the Sl gent, and accept the of dor printed name of registers.						poration submits this statement for the p tion's board of directors. I hereby accep tred when reinstating)	of the appointment as re	gistered
12.	alghanini, iyani		AND DIREC		13.	ac Age	nit signature redu	ADDITIONS/CHANGES TO OFFICE		N 12
TITLE	PD			☐ DELETE		TITLE				Addition
NAME	SLANIN	A, FRANTISEK			1.2	NAME				
STREET ADDRESS		INAHAN PLACE			1.3	STREET	ADDRESS			
CITY - S1 - 7/P	LAKE W	ORTH FL 33467		DELETE		CITY-S	T-ZIP		Change	Addition
TITLE NAME				["] DECEIE		TITLE NAME			change	Addition
STREET ADDRESS							ADDRESS			
CITY - ST - ZIP							ST-ZIP			
THE				☐ DELETE		TITLE	,		Change	Addition
NAME					3.2	NAME				
STREET ADDRESS	1				1		ADDRESS			
CHY-SI-ZIP TITLE				DELETE		CITY :	ST-ZIP		Change	Addition
NAME					1	NAME				ridulition
STREET ADDRESS							ADDRESS			
CHY-ST-ZIP					1	CITY-S	·			
TITLE				DELETE	5.1	TITLE			□ Chaude M	Addition
NAME					5.2	NAME			KA	CAI
STREET ADDRESS							ADDRESS		' </td <td>₩`</td>	₩`
CITY - ST - ZIP				Driete		CITY-S	T-ZIP		<i></i>	Addition
TILLÉ				☐ DELETE	1	TIŦLE	[10000217	UT 3 I Lange	Acoulou
NAME						MARIE		00,000,000,000	<u> </u>	
STORET ADDELOG						NAME STREET	AUUBESS	10000217	08060	
STREET ADDRESS CITY-ST-ZIP					6.3		ADDRESS ST-ZIP	-05/08/97010 ***165.00	08060	

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 chapted, or on an attachment with an address.

SIGNATURE: