## 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

	MENT # P96000 ON CORP.	095006 (8)	l				
Principal Place of Business Mailing Address							
1814 NORTH "R" STREET LAKE WORTH FL 33460		1814 NORTH "R" STREET LAKE WORTH FL 33480-6815					
						3. Date Incorporated or Qualified 11/18/1996 3a. Date of Last Report	
<b>⊢</b>	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
Cuito Apl # ele		Suite Act # etc				Not Applicab	
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Regulred	
City & Stat	(e	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Ζφ	Country			Country		8. This corporation has liability for intangible tax under s. 199.032,	
24			30			Florida Statutes Yes 1740	
	9. Name and Address of Currer	t Registered Agent		541		10. Name and Address of New Registered Agent	
	ZARA, JUSTIN R			B1	Name		
	4 NORTH "R" STREET			82	Street /	Address (P.O. Box Number is Not Acceptable)	
LAK	E WORTH FL 33460			83			
				84	City	FL 85 Zip Code	
11. Pursuant office or reagent 1 a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 607,1508, Florida Stat of Florida. Such change wa ations of, Section 607,0505,	utes, the a s authorize Florida Sta	bove d by tutes	-named the corp	d corporation submits this statement for the purpose of changing its registerer poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE				<del></del>			
12.	Signature, typical or printed name of registered age OFFICERS AN		OTE: Registers	d Age	nt signature	re required when reinstaing)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Tille	<u> </u>	DELETE	117	TLE		P Change Addition	
NAME			12 N	AME		JUSTIN R. LAZZARA	
STREET ADDRESS			1.3 \$	TREET	address	1814 No. "K" St.	
CITY-S1-ZIP	(		1.4 0	ITY-S1	- ZIP	LAKE WOLTH FL 33460	
TITLE		DELETE	2.1 T	TLE		Change Addition	
NAME:			2.2 N	2.2 NAME			
STREET ADDRESS			2.3 \$	TREET	ADDRESS	•	
City-St-7/P		- I britis	2. 4 CITY-		T-ZIP	Change	
THE		DELETE	1	3.1 TITLE 3.2 NAME		Change Additio	
NAME:			1		ADDROS		
STREET ADORESS	)			INEEI ITY-S	AODRESS		
THE		☐ DELETE	4.1 7		1-21	☐ Change ☐ Addition	
NAME		_	4. 2 NAME				
STREET ADORESS					address	·	
CITY - \$1 - ZIP			1	4.4 CITY-ST-ZIP			
TITLE	DELETE			5.1 TITLE		☐ Change ☐ Addilio	
NAM:			5.2 N	AME			
STREET ADDRESS			5.3 \$	TREET	ADDRESS		
C-TY-S1-ZIP				ITY-SI	- <b>7</b> IP		
11"1.6		DELETE	6.1 T			Change J Addition	
NAME			- 1	AME			
STREET ADURESS					ADDRESS		
CITY-ST-ZIF	1		6.4 0	ITY-S	1-ZIP	<u> </u>	

SIGNATURE:

14. I do hereby certily 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 agoual 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 of 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 one appears in Block 12 or Block 13 if changed, or one appears in Block 12 or Block 13 if changed, or one appears in Block 12 or Block 13 if changed, or one appears in Block 13 if changed in the same legal effect as if made under the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicates in the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or one appears in Block 13 if changed in the same legal effect as if t

**FILED** 

Apr 18 1997 8:00am

Secretary of State