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PROFIT CORPORATION ANNUAL REPORT

1997



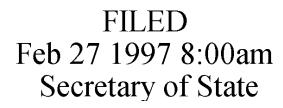
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF, CORPORATIONS

DOCUMENT # P96000099737 (4)

IRVING S. MARCUS, C.P.A., P.A.



Principal Place of Business Mailing Address 5301 NORTH FEDERAL HIGHWAY SUITE 160 SUITE 160			VAY		
BOCA RATON	FL 33487	BOCA RATON FL 33487-4905		3. Date Incorporated or Qualified 12/10/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address	2	4. FEI Number	Applied For
	N. FEDERAL HW		DEKAL NWY	65-0714052	Not Applicable
)-15	Suite, Apt. #, etc. 27 2 10 -15		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	_	City & State 28 BOCA RA	TON FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33 L		Zip 29 33431 3	Country	8. This corporation has liability for i	
[24]	9. Name and Address of Curre		7	10. Name and Address of New Re	
MARCUS, IRVING S 5301 NORTH FFDFRAI HIGHWAY				00110	0
53 01 NORTH FEDERAL HIGHWA Y			82 Street Addre	ss (P.O. Box Number is Not Acceptable No. FEDERAL HA	Sie)
ROCA RATON FI 33487				F 210-15	
			84 City	~ · · · · · ·	FL 85 Zip Code 33431
11 Dureusot	to the reviewe of Sections 607.05	02 and 607 1508 Florida Statutes	the above-named corre	RATON vertion submits this statement for the n	purpose of changing its registered
office or	registered agent, or both, in the State	e of Florida. Such change was aut	horized by the corporation	oration submits this statement for the pon's board of directors. I hereby accept	ot the appointment as registered
1	arn ramiliar with, and accept the oblig	7 · /			12/05
SIGNATURE	Signature typed or printed name of registered ag		registered Agent signature require		DATE
12.	OFFICERS AT	ND DIRECTORS	13.	, ADDITIONS/CHANGES TO OFFICE	
10116	D	DELETE	1.1 TITLE	75/20	Change Addition
NAME	MARCUS, IRVING S		1.2 NAME	VING- S. MARCUS	
STREET ADDRESS		NAY, SUITE 160	1.3 STREET ADDRESS 44	OO N. FEDERAL N	wy 421043
CITY - ST - ZiP	BOCA RATON FL 33487		1.4 CHTY - ST - ZIP	OCA RATON PL 3	3431
TiT:F		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	٠.	ie.
CHY-ST-ZiP			2 4 CITY-ST-ZIP		
TITLE		DETELE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7/2			3.4. CITY-ST-ZIP		
THEF		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		

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 changed, or on an attachment with an address.

64 City-ST-ZiP

44 CITY-ST-ZIP

5.3 STREET ADDRESS

54 CiTY-ST-ZIP

5.1 TITLE

52 NAME

61 TITLE

62 NAME 63 STREET ADDRESS

SIGNATURE:

CHY-ST ZP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHY-ST-ZIP

THLE

NAME

TITLE NAME

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRICTOR

DELETE

DELETE

1/3/9 (

Daytime Phone ii 0007065

___ Addition

___ Addition