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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY - \$1 - 74P



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 22 1997 8:00am

Secretary of State

**P2E034** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000100051 (7)

PREPARATORY MANAGEMENT CORP.

Principal Place of Business 621 N.W. 53RD STREET. SUITE 450 621 N.W. 53RD STREET, SUITE 450 ONE PARK PLACE ONE PARK PLACE **BOCA RATON FL 33487-8238 BOCA RATON FL 33487** 3. Date incorporated or Qualified 3a, Date of Last Report 12/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0722523 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Ζıp ZID Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name BARITZ, NEIL S **DREIER & BARITZ** 82 Street Address (P.O. Box Number is Not Acceptable) 1515 NORTH FEDERAL HWY, SUITE 300 83 **BOCA RATON FL 33432** City 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typici or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. CEOT DELETE Change Addition 1.1 TITLE TITLE WEISSMAN, MICHAEL 1.2 NAME NAME **621 N.W. 53RD STREET, SUITE 450** 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 2.1 TITLE TITLE WEISSMAN, RICHARD 2.2 NAME NAME 621 N.W. 53RD STREET, SUITE 450 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP DITY- ST- 7-P DELETE Addition 4.1 TITLE THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIF DELETE Addition 5.1 TITLE THRE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 6.1 TITLE 4000021531**9\*\*** TITLE -04/24/97--01007--011 6.2 NAME NAVE **6.3 STREET ADDRESS** STREET ADDRESS \*\*\*5445.00

6.4 CITY-\$1-ZIP

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

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

I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.