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

PROFIT CORPORATION ANNUAL REPORT 1997

**ACTIVITIES AROUND TOWNE INC.** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 27 1997 8:00am Secretary of State

DOCUMENT 1. Corporation Name	#	P96000100593 (	(8)

Principal Plac	e of Business	Mailing Address			······································		
Principal Place of Business Mailing Address  5776 C FOX HOLLOW DR 5776 C FOX HOLLOW DR			a			1 (5-1753/4/	
BOCA RATON I		BOCA RATON FL 33486-E				£ G5-0753/46	
MANUFACTOR SAFETY THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL THE TOT						3. Date Incorporated or Qualified  12/12/1996  3a. Date of Last Report  INITIA ZVINA	
2. Principal P	Pace of Business	2a. Mailing Address			, , , , , , , , , , , , , , , , , , , ,	4. FEI Number	
21	И	26			<del></del>	5//-8d-03// Not Applicab	le
Suite, Apt	***************************************	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
<b>23</b>   Zip	Country	Zip	Cou	untry	,	Trust Fund Contribution Added to Fees  8. This corporation has liability in intropility at under s. 199.032,	$\dashv$
24]	25	29	30			Florida Statutes Yes No	
	9. Name and Address of Curr					10. Name and Address of Neweg: stered Agent	
REES	SE, TONYA			81	Name		
	C FOX HOLLOW DR			82	Street Ar	Address (P.O. Box Number is Not Acceptable)	
BOC	A RATON FL 33486				Diroct Ac	Todas (1.0. Dox Homber is Not Acceptable)	
				83			
•				84	City	FL 85 Zip Code	$\dashv$
11 Pursuant	to the provisions of Sections 607 O	502 and 607 1508. Florida Stat	utes the a	LDOW	a named co	corporation submits this statement for the purpose of changing its registere	_
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was	s authorize	ed by	/ the corpo	poration's board of directors. I hereby accept the appointment as registered	<b>"</b>
•	im familiar with, and accept the obli	igations of, Section 607.0505, i	-ionga Stai	tutes	ž,		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NC	OTE. Registere	ad Age	ant signature re	required when reinstating) DATE	-
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1,1 TI	ITLE		Change Addition	'n
NAME	REESE, TONYA		1.2 N	IAME			
STREET ADDRESS	5776 C FOX HOLLOW DR		1.3 S	TREET	ADDRESS		
CHTY - ST - ZIP	BOCA RATON FL 33486		1.4 0	ITY-\$	iT-ZIP		
1:IUF	1	☐ DELETE	2 1 TI	ITLE		Change Addition	ות [
NAME			2.2 N	AME			
STREET ADDRESS			2.3 \$1	TREET	ADDRESS		1
CITY-ST-ZIP				CITY-S	ST-ZIP		_
TILE		☐ DELETE	3.1 11			Change Addition	'n
NAME			3.2 N				
STREET ADDRESS					ADDRESS		
CITY - ST - ZIP		DELETE		CITY-S	3T- ZIP	Change I Addition	_
TITLE		L.J. DELETE	4.1 T(			Change Addition	/(i
NAME DEDGES ADDRESSES			4.2 N				
STREET ADDRESS			1		ADDRESS		
CITY - ST - ZIP TITLE		☐ DELETE	4.4 C	ITY-SI	T-ZIP	☐ Change ☐ Additio	
NAME			5.2 N/			Carl ousuile Cal Model	A1 :
STREET ADDRESS	·				ADDRESS		
CITY - S1 - ZIP TITLE		DELETE	5.4 CI 6.1 TI	HTY-SI	1.51	☐ Change ☐ Addition	
NAME		Lorent D'Color Ch	6.2 N/			, orange	"1"
STREET ADDRESS			1		ADDRESS	' '	
CITY - ST - 7IP							i
14. I do heret	tby certify that the information suppl	lied with this filing does not gue	alify for the	exe	motion stat	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the	
informatio Lam an o	in indicated on this annual report of	r supplemental annual report is or the receiver or trustee empo	s true and a owered to a	acçu	urate and th	that my signature shall have the same legal effect as if made under oath; the eport as required by Chapter 607, Florida Statutes, and that my name	nat