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

| DOCUMENT | # | P960 | 001 | 031 | 71 | (0) |
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| | | | | | 3. Date Incorporated or Qualified 12/23/1996 | 3a. Date of L | ast Report |
| 2. Principa P 21 | lace of Business | 2a, Mailing Address 26 | | | 4. FEI Number 65-0714 191 | | Applied For Not Applicable |
| Suite, Apt | #, €lc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 7 | 75 Additional se Required |
| City & Stat | е | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | .00 May Be ded to Fees |
| Z(ρ 24 | Country 25 | Zip 29 | Cour | ntry | 8. This corporation has liability for i | ntangible tax und | der s. 199.032, |
| | 9. Name and Address of Cui | rrent Registered Agent | | | 10. Name and Address of New Re | gistered Agent | |
| 777 | CY, WILLIAM P LAGOON DR. TH PALM BEACH FL 33408 | | | 81 Name B2 Street Add | dress (P.O. Box Number is Not Acceptab | le) | |
| | | | | 84 City | | FL 85 | Zip Code |
| agent La SIGNATURE 12. | Signature Typed or printed name of registroo | | | | rporation submits this statement for the pation's board of directors. I hereby acception with the pation of the pa | DAYE | |
| Tare | PD | DELETE | 1.1 TITE | LE I | | ☐ Cha | inge Addition |
| NAME | TRACY, WILLIAM P | | 1.2 NA | ME . | | | - |
| STREET ADDRESS | 777 LAGOON DR. | | • | REET ADDRESS | | | |
| | NORTH PALM BEACH FL 3 | 24/10 | • | 1 | | | |
| CITY - ST - ZIP | NORTH FALM DEACH I'C S | DELETE | 2.1 TITE | Y-ST-ZIP | | ☐ Cha | noe Addition |
| TIFLE | \ | La occesio | 1 | 1 | | L_ 018 | ingo Laj Addition |
| NAME | | | 22 NA | | | | |
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| TITLE | 1 | ☐ DELETE | 3.1 717 | ì | | Chi | ange [] Addition |
| NAME | | | 3.2 NA | ME | | | |
| STREET ADDRESS | | | 3.3 STF | REET ADORESS | | | |
| CITY - ST - 2if | | | 3 4. C/1 | ry-st-zip | | | |
| THLE | | ☐ DELETE | 4.1 TIT | TE [| · · · · · · · · · · · · · · · · · · · | Cha | ange 🔲 Addition |
| NAME | | | 4.2 NA | ME | | | |
| STREET ADDRESS | } | | 4.3 STF | REET AODRESS | | | |
| CITY-ST-ZIP | | | 1 | Y-ST-21P | | | |
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| | 1 | total state in | | | | | |
| NAME | _ | | 5.2 NA | | | | |
| STREET ADDRESS | | | 5.3 \$1 | REET ADDRESS | | | |
| D(1Y - \$1 - Z)P | | | 5.4 CIT | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 1(1) | LE | | ☐ Chi | ange Addition |
| NAME | | | 6.2 NA | ME | | | |
| STREET ADORESS | | | | REET ADDRESS | | | |
| DIRECT PROPERTY | | | 9931 | PER UDDINESS | | | |

14. I do nereby 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.

FILED

May 08 1997 8:00am

Secretary of State