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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u></u>	1998	DIVISION	OF CORPORA	RIONS	}	5001011	пу	<i>)</i> 1 ()	tate
Ĭ	MENT # P9700 SSOCIATES, INC.	0074840 (4)						
) 050 X	DOQUINI EUI 1110.					A KORKIATA NID KRIPA NAMA BRAIN ARKIE A	1411 0 1111 1001	. Des d e la	
Direction (Direction)		44.11							
	ce of Business	Mailing Address					****		
6060 SW 18TH STREET #104		6060 SW 18TH STREET #104							
BOCA RATON FL 33433		BOCA RATON FL 33433			-	DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 08/28/1997 			
2. Principal P	Place of Business	2a. Mailing Address			+	4 FFI Number		ΓΑ	pplied For
21		26				65-0468219	• 1	4	lot Applicable
Suite, Apt	.#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	try		8. This corporation owes or has p	7.7		
24	25 25 Name and Address of Curre	29	[30]			Personal Property Tax due Jur 10. Name and Address of New R			□ No
		nt negistered Agent		31 Name			egistereu /	49eur	·
	Pardo, Charles J 60 Sw 18th Street		-	Che	ry1	Cianfrini	-1-1-1		
#1		82 Street Addre			Adaress 25 S. 1	s (P.O. Box Number is Not Accepta W. 2nd Avenue	(DIE)		
	ICA RATON FL 33433		Ţ.	33					
			ļ.	34 City				85 Zip	Code
44 Durewant	to the provisions of Spelions 607.06	02 and 607 1609 Elorida 5	Statutos, the shi	Boc	a Ra	ton	FL	1 1 2 2	1122
office or I	to the provisions of Sections 607.056 registered agent or both in the State am familiar with and ecopynt the oblig	of Florida, Such change	was authorized	by the con	poration'	's board of directors. I hereby acci	ept the app	ointment as	s registered
SIGNATURE	an ramilar sampand accepts the object	January of , Section 607.030	, Fioricia Siatu	Che	ervl (Cianfrini		-12-98	
	Signature typed or project name of registered ag		(NOTI Registered	Agent signatur.	c required w	herurpinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13. E 1,1 TO E		P.,	ADDITIONS/CHANGES TO OFF		DIRECTOR Change	
NAME		V LJ beech	1.2 NAM		Che	ryl Cianfrini		L Glarige	אטטונוטוו רבר
STREET ADDRESS				EET ADDRESS	172	5 S.W. 2nd Avenue			
CITY-ST-ZIP			1.4 City	'-S1-ZIP	Boc	a Raton, FL 33432			
TITLE		☐ DELET	E 21 71TL	f]			Change	Addition
NAME			2 2 NAN						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP TITLE		DELETI		r-S1-ZiP			<i></i>	Change	Addition
NAME			3.2 NAM						
STREET ADDRESS				ELT ADDRESS					
CITY-ST-ZIP				√-ST-ZIP	Ĺ <u>.</u>				
TITLE		☐ DELETE	E 4.1 71TL	F				Change	Addition
NAME			4. 2 NA]				
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE		- ST - 7IP				Change	Addition
NAME		-	5.2 NAN]			•	
STREET ADDRESS			5.3 STAI	et address					
CITY-ST-ZIP				- ST - 7IP					
TITLE		DELETI			}			Change	Addition
NAME			6.2 NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
OH 1-91-117	İ		■ 0.4 GIFY	-31-711	ı				,

14. Thereby certify that the information supplied with this filling 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 port is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the tyceiver or diselved 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 op any thatching stigmth appropriess.

CIONIATUDE.

1 /12/98(4)3951.34

FILED

Feb 06 1998 8:00am

Secretary of State