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PROFIT CORPORATION ANNUAL REPORT

1997

DOCUMENT # S18655



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(8)



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SECRETARY OF STATE TALLAFIASSEE, FLORIDA

K. BHEMEN COHP.				
Principal Place of Business 1700 SOUTH FEDERAL HIGHWAY	Mailing Address			III JUBII DIBII DIBII DIBII DIBII DIBI
LAKE WORTH FL 33460	LAKE WORTH FL 33460-584	40	3. Date incorporated or Qualified 11/30/1990	3a. Date of Last Report 08/19/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0244759	Applied For Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25		Country 30	8. This corporation has liability for inte	res No
9. Name and Address of Co WESTMAN, GRELS 1700 SOUTH FEDERAL HIGHWA LAKE WORTH FL 33460	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	83 /70		a
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the agent, I am familiar unit and a port the SIGNATURE Signature Sign	State of Florida, Such change was a obligations of Section 607,0505, Ho	is the above-pamed of	oration's board of directors. Thereby accept to	pose of changing its registered
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE PD	South	1.1 THLE	PD Seliounina Elena	Change 🔀 Addition
NAME LANTEA, ARI		1.2 NAME	1702 S. Faderal Lake works, for	¥w ₇
STREET ADDRESS 4700 S. FEDERAL HIGHW	AY	1.3 STREET ADDRESS	Lake Works, FC	3 <i>3 46 6</i> [
CITY-SI-ZIP -LAKE WORTH FL		1.4 C(TY+ST+Z(P	•	
TITLE	☐ OTLETE	2.1 HILE	Appeal to the form of the first of the first of	Change Addition C
NAME		2.2 NAME	. 8000025 1	301108001
STREET ADDRESS		2.3 STREET ADDRESS	****758.	75 ****758.75
CITY-ST-ZIP	DELETE	2. 4 C(TY - S1 - ZIP	क्कक्र । उस्क	Change Addition
TITLE	[_] DITTIE	3.1 TITLE 3.2 NAME	ຄ ດດດດຊະຖາ -06/23/9	702384
STREET ADDRESS		3.3 STREET ADDRESS	-06/23/98	301108002
CITY-ST-ZIP		3.4. CHTY - ST - ZIP	非米米 15日。	.00 ****150.00
TITLE	DELETE	4.1 HT(E		Change Addition
NAME	_	4. 2 NAME		,
STREE ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP		4.4 CITY - ST - ZIP		
TITLE	DELFIE	5.1 TITLE		Changeddition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		$\sim N / \sim 1$
CITY-ST-ZIP		5.4 CITY - ST - 7IP		
TITLE	DELETE	61 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		-
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		64 CHY-ST-ZIP		
14. I do hereby cartily that the information sur	relied with this filmer does not qualify		ated in Section 119.07(3)(i) Florida Statutes I	further certify that the

4. 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 arread report or supplemental arread report is frue 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 13 if changed or on an attachment with an address Seliounina ELENA

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