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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	NNUAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
		S19500						
		•						
Principal Place of Business			Mailing Address			MILONON OUT BERTA INTO MAINT NAILE ROOM N	DEC BYRYY DIDYF BIDYF BYDYF BYDYF	AIDH 1881
6831 N. MILITARY TR. 6831 N. MILITARY TR.				ĺ				
WEST PALM BEACH FL 33407 US		WEST PALM BEACH FL 33407-1217 US			e Incorporated or Qualified	3a. Date of Last F	leport	
	A. Miki	TARY TR	2a. Mailing Address			Number 5-0228378		oplied For ot Applicable
Suite, Apt			Suite, Apt. #, etc.	111111111111111111111111111111111111111	5. Cer	tificate of Status Desired		Additional equired
City & State	PALM BE	ACH, FL	City & State			tion Campaign Financing		May Be to Fees
Zip 24 33 4		Country U.S.	Zip 29	Country 30		corporation has liability fo		
			nt Registered Agent	81 Name		ne and Address of New F		
#18 JUP	TER FL 33477	of Sactions 6/17 (15))2 and 607 1508, Florida Statu	83 # 84 City W	0 WHIT 406 EST PAL	m BEACH	FL 85 Zip	Code 401 ts registered
office or re agent. I as SIGNATURE			of Florida. Such change was ations of, Section 607,0505, F	authorized by the cor lorida Statutes. PTE: Registered Agent signature			ept the appointment as	registered
12.	Signaturic, lyped or por	ofed nume of registered ag OFFICERS AN	ID DIRECTORS	13.		TIONS/CHANGES TO OFF		RS IN 12
THILE	PD		☐ DELETE	1.1 TITLE			L Change	Addition
STREET ADDRESS	SPIELES, FR 1 9010 S.E. C JUPITER FL-	ORAL REEF		1.2 NAME 1.3 STREET ADDRESS	3500 W	HITEHALL DR	# 406 Cr 331601	
CITY-ST-ZIP TITLE	D	50150	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	west r	HUIT DEHCH	Change	Addition
NAME STREET ADDRESS	SPIELES, DO 19016 S.E. C JUPITER FL	ORAL REEF		2.2 NAME 2.3 STREET ADDRESS	Same	AS ABOVE		
CITY - ST - ZIP TITLE NAME	S BABCOCK, L		DELETE	3.1 TITLE 3.2 NAME	}		Change	Addition
STREET ADDRESS CITY-ST-ZIP	19016 S.E. C JUPITER FL	CORAL REE F		3.3 STREET ADDRESS 3.4. City+St-Zip	SAME	AS ABOVE		
TITLE NAME			☐ DELETE	4.1 TITLE 4. 2 NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 City-St-Zip				
TITLE		······································	DELETE	5.1 TITLE	<u> </u>		☐ Change	Addition
NAME				5.2 NAME			• "	
STREET ADDRESS				5.3 STREET ADDRESS				
CITY - ST - ZIP			DELETE	5.4 CITY-ST-ZIP	J		Chance	Addition
TITLE			ן] D¢Г¢ I¢	6.1 TITLE 62 NAME			☐ Change	Addition
STREET ADDRESS				6.2 NAME 6.3 STREET ADDRESS				
CITY-ST-7/P		_		6.4 CITY-ST-ZIP				

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 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.

SIGNATURE:

FILED

Jan 27 1997 8:00am