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 #

/E\

-	NAME S24 10 1	(5)						
Principal Plac	e of Business	Mailing Address					340/1 3 44/1 3 11/1	0.40(1.360\$
1900 GLADES	RD.	1900 GLADES RD.		ĺ				
STE. 200		STE. 260						
BOCA RATON FL 33431 BOCA RATON FL 33431-7333 US US			7333	-	Date Incorporated or Qualified	la D	ate of Last R	2004
ŲU		00			01/10/1991		/22/1996	epon
2. Principal P	lace of Business	2a. Mailing Address			FEI Number	דט ן		oplied For
21 33	SE 4MStreet	26 3.3 SE 4	41 Street	"	65-0279054			ot Applicable
Suffe, Apt.		Suite Apt. #, etc.			Certificate of Status Desired	×		Additional
22 Ou	SE 100		100		Certificate of Status Desired	F.35	Fee Re	equired
23 Stat	A RATON, FL.		tON, FL.	i i	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
24 Zip 334	132 25 PAIMBEACH	29 33432	30 PAIN DEAC	(h)		XX Yes	□ No	. 199.032,
	9. Name and Address of Current	Hegistered Agent	B1 Name	10.	Name and Address of New P	egistered	Agent	
TALVUNDEN, JEFFACT I				ddress (P. 3_S (w'te	O. Box Number is Not Accepte E 4 H 5 CE	able)		
			84 City 3	oca	RATON	FL	- 33	Code 3432
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statu Florida. Such change was ons of, Section 607.0505, F	ites, the above named of authorized by the corp- lorida Statutes.	corporation oration's be	submits this statement for the pard of directors. I hereby acc	purpose o ept the app	of changing it pointment as	s registered registered
SIGNATURE								
12.	Signature, typed or printed name of registered agent OFFICERS AND		11: Registered Agent signature r		einstating) DDITIONS/CHANGES TO OFF	DATE ICEDS ANI	N DIRECTOR	00 INI 10
TITLE	PID	DELETE	11 111([DDITIONS/OHANGES TO OFF	ICLIS AN	Change	Addition
NAME	HALVORSEN, JEFFREY T		1.2 NAME				7	
STREET ADDRESS	1900 GLADES RD., STE. 260		1.3 STREET ADDRESS	33 50	= 4+11 Street, 5	ote 10	Ò	ĺ
CITY-ST-ZIP	BOCA RATON FL		1.4 CHY-ST-ZIP	Boc	E 4th Street, S A RATON, FI	3343	2	
TITLE		DELETE	2 1 1/ILE			<u> </u>	Change	☐ Addition
NAME			2.2 NAME					ļ
STREET ADDRESS			2.3 STREET ADDRESS					1
CITY-ST-ZIP			2 4 CITY - S1 - 7IP			<u>.</u>		
TITLE		☐ DELETE	31 THLF				Change	Addition
NAME			: 3.2 NAME)
STREET ADDRESS			3.3 STREET ADDRESS					ł
CITY-ST-ZIP			3.4. CHY-ST-ZIP					
TITLE		L) DELETE	4.1 TITLE				L Change	Addition
NAME			4. 2 NAME					1
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE				☐ Change	Addition
		[] OLLLIL					□ ouguige	L_ AUGROOT
NAME STREET ADDRESS	Ì		5.2 NAME 5.3 STREET ADDRESS					
CITY-ST-ZIP								
TITLE		DELETE	5.4 GHY-ST-ZIP 6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					- 1
CITY+ST-7IP			6.4 CUY, ST-7IP					

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 Flook 14. Changed, or on an attachment with an address.

SIGNATURE:

56-367-9200

FILED

Apr 21 1997 8:00am

Secretary of State