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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| 1997 | | | J | Secretary of State DIVISION OF CORPORATIONS | | | Secretary of State | | | |
|--|------------------------------|-------------------------------|--|---|----------------------|--|---|-------------------------|---------------------|---------------------------|
| | MENT # Name AR ASSOCIA | S30598 TION, INC. | (4) | | | | | | | |
| Principal Place of Business 2300 GLADES RD STE 415E BOCA RATON FL 33431 | | | Mailing Address 2300 GLADES RD STE 415E BOCA RATON FL 33431-7386 | | | | | | | |
| US | | | U\$ | | | 3. Date Incorporated or Qualified 02/08/1991 | | e of Last Re 25/1996 | port | |
| 2. Principal Pla 21 | ace of Business | | 2a. Mailing Address 26 | | | | 4. FEI Number 65-0255642 | | | plied For t 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 Added to | |
| Zip 24 | 25 | Country | Zip 29 | 30 Cou | ntry | | 8. This corporation has liability for Florida Statutes | intengible t Yes | | 199.032, |
| | g. Name and | Address of Current F | Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent | |
| MATTLIN, FRED W. 2300 GLADES RD STE 400E BOCA RATON FL 33431 | | | | | 81 82 83 84 | Street Addr | ess (P.O. Box Number is Not Acceptal | FL | 85 Zip (| Code |
| SIGNATURE | | ed name of registered agent a | and title if applicable | (NOTE: Registered | | | oration submits this statement for the jon's board of directors. I hereby acce address reinstating) | pt the appo | | |
| 12. | PSD | OFFICERS AND I | DIRECTORS | 13. 1.1 Til | rı c | | ADDITIONS/CHANGES TO OFFIC | CERS AND | DIRECTOR: Change | S IN 12 Addition |
| NAME STREET ADDRESS | MATTLIN, FRI | S RD, STE 400E | ביין טנננונ | 1.2 N/ 1.3 ST | ME REET A | ADDRESS | | , | CHALIGO | |
| CITY-ST-ZIP TITLE | סטטא האוטו | 4 I L | DELETE | | TY-ST TLE | - ZIP | | | Change | Addition |
| NAME STREET ADDRESS | | | | | REET A | ADDRESS | | | • | |
| DITY-ST-ZIP TITLE NAME | | | DELETE | 2. 4 C 3.1 Tf 3.2 N/ | | T-ZIP | | | Change | Addition |
| STREET ADDRESS CITY - ST - ZIP | | | | | IREET / | ADDRESS T-ZIP | | | | |
| TITLE NAME | | | DELETE | | TLE | | | | Change | Addition |
| STREET ADDRESS CITY-ST-7IP | | | | | REET A | ADORESS | | | | |
| THEF NAME | | | ☐ DELETE | | TLE | | | | Change | Addition |
| STREET ADDRESS | | | | 535 | THEET | ADDRESS | | | | |
| CHY-ST-ZP | | | l per eve | | TY-SI | - ZIP | | | Chann | Additor |
| THLE | | | DELETE | | | | | | Change | L. Addition |
| NAME OTOGEL ADDRESS | | | | 6.2 N | | ADODECC | | | | |
| STREET ADORESS City-St. Zip | | | | | IKEET. ITY•\$1 | ADDRESS [-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 3 if changed, or on an attachment with an address Fred W. Mattlin

SIGNATURE:

(561) 368-9200

FILED

Apr 18 1997 8:00am