

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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Mailing Address
800 EAST CYPRESS CREEK ROAD
SUITE 204
FT. LAUDERDALE FL 33334-3522

3. Date Incorporated or Qualified 02/08/1991	3a. Date of Last Report 04/08/1996
4. FEI Number 65-0240550	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEK, ROBERT C
800 EAST CYPRESS CREEK ROAD
204
FT. LAUDERDALE FL 33334

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD PATEK, ROBERT C 333 CENTER ISLAND GOLDEN BCH FL	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY-ST- ZIP			1.4 CITY-ST- ZIP
TITLE		☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST- ZIP			2.4 CITY-ST- ZIP
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST- ZIP			3.4 CITY-ST- ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST- ZIP			4.4 CITY-ST- ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST- ZIP			5.4 CITY-ST- ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST- ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97

954-784-6000

0288043

CR2E034 (9/96)