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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE

DOCUMENT # S49468

Principal Place 370 W CAMINO 200 BOCA RATON I	GARDENS	Mailing Address 900 N. FEDERAL HWY. SUITE 300 BOCA RATON FL 33432-275	4	······································		
US					3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1991 07/09/1996	
2. Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number Applied For	
21	4	26 370 W CANINO Suite, Apt #, etc.	UBRDE	45 86	00 65-0262525 Not Applicable	
Suite, Apt #, etc.			27 200		5. Certificate of Status Desired	
City & State 23		City & State 28 BOCH RHTON	City & State 28 BOCH RHYON FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	n Ben	This corporation has liability for intangible tax under s. 199,032.	
24	25 g. Name and Address of Curre		10 / 7 / 0	I DER	10. Name and Address of New Registered Agent	
LAB	ADIE, ERNEST B		81	Name		
900 NORTH FEDERAL HWY.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
	E 300					
BOC	A RATON FL 33432		83	`[
			84	City	FL 85 Zip Code	
11, Pursuant i	o the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	the abov	re-named c	corporation submits this statement for the purpose of changing its registered	
office or re agent. Lar	egistered agent, or both, in the Stat n familiar with, and accept the obli	te of Florida. Such change was au- gations of, Section 607.0505, Flori	thorized by da Statute	y the corpo s.	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
12,	Signature, typed or printed name of registered a OFFICERS A	igent and title if applicable. (NOTE: I ND DIRECTORS	Registered Ag	ent signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	т	ERHEST B CABADIE Change Addition	
NAME	LABADIE, ERNEST B		1.2 NAME		370 W CAMINO GARDENS BLUD	
STREET ADDRESS	900 N. FED. HWY., #300		1.3 STREE	T ADDRESS	# 200	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY -	ST-ZIP	BOLA RATON	
TITLE		L DELETE	2.1 TITLE		Change Addition	
NAME.			2.2 NAME	[
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP				ST-ZIP	Change	
TITLE			3.1 TITLE 3.2 NAME	- 1	Change	
NAME CARRET ARRESCE				į.		
STREET ADDRESS			3.4. CITY-	T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	\$1-4P	☐ Change ☐ Addition	
NAME			4. 2 NAME	.		
STREET ADDRESS				T ADDRESS		
CITY-SI-ZIP			4.4 CITY-	1		
TITLE		☐ OELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - S1 - ZIF	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T		5.4 CITY-	ST-ZIP		
TITLE	DELETE 6.1		6.1 TITLE		Change Addition	
NAME			6.2 NAME	·		
STREET ADDRESS		,	6.3 STREE	T ADDRESS		
CITY - ST - 71P		· · · · · · · · · · · · · · · · · · ·	6 1 CITY			
informatio	n indicated on this annual report of	r supplemental annual report is tru	e and acc	urate and	rated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; the eport as required by Chapter 607, Florida Statutes; and that my name	