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CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # S53268

(6)

FILED May 14 1997 8:00am Secretary of State

| THOMAS R. WOOLSEY, P.A. Principal Place of Business Mailing Address 777 SOUTH FLAGLER DR. 1800 PHILLIPS POINT WEST 1800 PHILLIPS POINT W. WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6161 US | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | | | | |
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| | lace of Business | 2a. Maili | ng Address | | | | 4. FEIN | umber | | | [| | plied For |
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| Suite, Apt. | #, etc. | ——— | e, Apt. #, etc. | | | | 5. Certif | icate of Stat | us Desired | | | | dditional |
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| | 9. Name and Address of (| Current Registered | Agent | | | | 10. Nam | and Addre | ss of New | Registered | Agent | | |
| | MAS R. WOOLSEY | | | | 81] Na | ne | | | | | | | |
| | SO. FLAGLER DRIVE | | | | 82 Str | ool Addres | ss (P.O. Bo | x Number is | Not Accep | otable) | | · | |
| | O PHILLIPS POINT WEST | • | | - | 83 | · | | | | - | | | |
| WES | ST PALM BEACH FL 33401 | | | | 03 | | | | | | | | |
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| 11. Pursuant | to the provisions of Sections 6 | 07 0502 and 607 15 | 08 Florida Statut | es the ab | l | ed corpo | station subr | nite this state | oment for th | | of chanc | ning its | registered |
| Office or r | to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the | State of Florida, Sc | ich chancie was | authorizon | Live tha | corporatio | n's board | of directors | l hereby ac | cept the ap | pointme | nl as | registered |
| | | | LIAN ENT PENE EL | orida Stati | doc | corporatio | ALLS DOUBLE | or concurrence. | | | , | | |
| | The state of the s | e obligations of, Sec | tion 607.0505, FI | orida Statı | ites | corporatio | ar a dom a | or en outoro. | , , , , , , | | | | |
| SIGNATURE | Signature, typed or printed name of regist | | | | | | d when rejustati | | ·· | DATE | | | |
| SIGNATURE | Signature, typed or printed name of regist | | rable (NO) | | | | d when relistati | ng) | | | | | |
| SIGNATURE | Signature, typed or printed name of regist OFFICE | loted agent and title if applic | table (NO) | t : Registered | Agant sig | | d when relistati | ng) | | DATE | | CTOR | |
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t am an officer or director of the corporation or the receiver or frustice 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.