FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # \$56490	o (U)						
•	J. TIMCHAK, JR., P.A.							
Principal Place of Business		Mailing Address				- E CENTRIN INI NICIA MERI NICIA INICIA IN	itt fittit gråte eites biffer aufer fratt ente:	
1201 U.S. HIGHWAY ONE SUITE 215 NORTH PALM BEACH FL 33408		1201 U.S. HIGHWAY ONE SUITE 215 NORTH PALM BEACH FL 33408						
NORTH FALM	DENOT PE SONO	HORITI FALM OLAGIT	1. 0000			3. Date Incorporated or Qualified 05/29/1991	3a. Date of Last Report 04/14/1995	
2. Principal Place of Business		2a. Mailing Address 26				4. FEI Number 65-0264166	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Agent	
			1'	81 Nar	ne			
	K, LOUIS J. JR.			82 Stre	et Addre	dress (P.O. Box Number is Not Acceptable)		
	S. HIGHWAY ONE			83				
SUITE 2	15 Palm Beach Fl 33408			03		_		
			84 City			FL 85 Zip Code		
or rogictors	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ta. Such channe was aufhorizi	ad by the co	orporatio	n's board	ation submits this statement for the purp of directors. I hereby accept the appoi	ntment as registered agent. I am	1
SIGNATURE _	Signature, typed or printed name of registered agent	and title if population	TE: Broletorod	Agoot e good	re recuired	when reinstating)	DATE	.
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Albinit a Auto	ore reduced	ADDITIONS/CHANGES TO OFFIC		٦
TITLE	D DELETE		1. 1 711	1. 1 TITLE			☐ Change ☐ Addition	
NAME	TIMCHAK, LOUIS J. JR.		1.2 NA	1.2 NAME				
STREET ADDRESS	1201 US HWY ONE,#215	1		1.3 STREET ADDRESS				
DITY-ST-ZIP	N. PALM BEACH FL		1.4 CIT	1.4 CITY - ST - ZIP				_
TITLE		DELETE	2.1 1	2. 1 TITLE			Change Addition	
NAME	2		2 2 NA	2 2 NAME				
STREET ADDRESS			2.3 ST	REET ADDRE	ss			
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TITLE			3. 1 Ti				Cubalde T Addulou	
NAME			3 2 NA					
STREET ADDRESS				REET ADDR	£55			
CITY-ST-ZIP			3.4 CI	TV-ST-ZIP			Change Addition	_
TITLE NAME			4.2 NA		ļ			
STREET ADDRESS				reet addri	ss			
DITY-ST-ZIP				TY+ST-ZIP				
TIFLE		☐ DELETE	5. 1 Ti				Change Addition	
NAME		-	5.2 NA	IME				
STREFT ADDRESS			5 3 ST	REET ADDR	ESS			
CITY-ST-ZIP			5 <u>4</u> Ci	TY-ST-Z⊮				
TITLE		☐ DELETE	6 1 TI	TLE			Change Addition	
NAME			62 NA	ME				
STREET ADDRESS	1		6.3 ST	REET ADDR	ESS			
CITY-ST-ZIP		out this films is not maked at me		TY-ST-ZIP	ouglify f	or the exemption stated in Section 119 (07/31/k) Florida Statutes I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: