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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DO011	1997		CORPORATIONS			
	IMENT # <b>S643</b> AY OPERATING COMPAN			( SEEDOUL VIR ANNI BIÈRE NOIS AILLS BIEV	acan dian diak diak dian dian akan	
Pa I Fa		Matthew Address				
Principal Place of Business  1489 W. PALMETTO PARK ROAD  482		Mailing Address 1489 W. PALMETTO PARK ROAD				
		492	, none			
BOCA RATON	N FL 33486	BOCA RATON FL 33486-3	327		T 6 - 6 - 4 (1 - 4 f)	
				3. Date Incorporated or Qualified 07/05/1991	3a, Date of Last Report 04/11/1996	
2, Principal I	Place of Business	2a. Mailing Address		4. FEI Number 65-0276317	Applied Fo	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	······································	5. Certificate of Status Desired	\$8.75 Additions	
22 City & Sta	dr.	City & State	····	# Flooting Controlled Financing	Fee Required \$5.00 May Be	
23	•••	28	V.	6. Election Campaign Financing Trust Fund Contribution	Added to Fees	,
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tay under s. 199.03.	2.
24	25	29	30		Yes No	
	9. Name and Address of C	urrent Registered Agent	81 Name	10. Name and Address of New Re	pletered Agent	
125	OTTLIEB, BRUCE M 5 NORTH 46 AVENUE OLLYWOOD FL 33021			ress (P.O. Box Number is Not Acceptab	le)	
,,,			83			
			84 City		85 Zip Code	
11. Pursuam	t to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu State of Florida, Such change was	tes, the above-named corrected by the corporal	coration submits this statement for the ption's board of directors. I hereby acception	urpose of changing its register	ered
agent f	ant familiar with, and accept the	obligations of, Section 607.0505, FI	orida Statutes.			
SIGNATURE	Signature typed or punted name of registe	rico agent and title il applicable. (NO	TE: Registered Agent signature requi	red when reinstaling)	DATE	İ
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
Hite	DPST OLIVERI, ANGELO	☐ DELETE	1.1 TITLE		☐ Change ☐ Ad	dition
NAME (150 1 150 0 60	A AND THE BALLAPTED BADE	K ROAD #402	1.2 NAME 1.3 STREET ADDRESS			l
STREET ADORESS  ORY-ST-ZIP	BOCA RATON FL	11 1101w, # 10E	1.4 City-St-Zip			
TITLE	0000000	DELETE	2.1 TITLE		☐ Change ☐ Add	dition
NAME:			2.2 NAME			
STREET ADDRESS	; }		2.3 STREET ADDRESS			
CHY ST-ZiP		······	2. 4 CITY-ST-ZIP			
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STREET ADDRESS	; (		4.3 STREET ADDRESS			
CHY-SI-ZIP		T Decemen	4.4 CITY-ST-ZIP			i distan
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NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIF	` <b> </b>		5.4 CITY-ST-ZIP			
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NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CHY-S1-7#	1		6.4 City - St - ZiP	11. 0	14.45	
14. I do here informati	eby certify that the information su ion indicated on this annual repoi	ipplied with this filing does not qual it co supplemental annual report is	ity for the exemption states true and accurate and that	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	<ol> <li>Further certify that the effect as if made under oath</li> </ol>	n; that
Lamian appears	officer or director of the corporate in Block 12 or Block 13 if charge	on or the oceiver a rostee empoyed or an attended with an ad	wered to execute this repo dress.	d in Section 119.07(3)(j), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	ialutes; and that my name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo Oliveri

**FILED** 

May 12 1997 8:00am

Secretary of State

561-750-4477

Daytime Phone # 0337632