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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$64902

(7)

Y`. INCC	DRPORATED			
Principal Piace	e of Business	Mailing Address		† #001/19/00 (1) BEILH OVON HOUR TOUR NICH BIRTH OVON BEEL BIRTH OLDIF ITAGE
1808 COLONY WAY JUPITER FL 33478		1808 COLONY WAY JUPITER FL 33478-8313		
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/09/1991 05/30/1996
<del></del>	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21	4	26 2344 W	MIL 140	Not Applicable
Suite, Apt	#, E(C	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
22 C ty & State	9	City State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be
23		28 HALM BEAC	CH GONS.	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29 33418 3	D PALMIS	Florida Statutes Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
	LAC, JOSEPH		81 Name	
2244 QUALI RIDGE S Palm Beach Gardens FL 33418			82 Street A	Address (P.O. Box Number is Not Acceptable)
I AL	M DEMOTI CAMPETO LE SOFTO		83	·
3			84 City	FL 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 of 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Signative hypercon protect opin, of registered any	and any file of recolouble. (A) TE	Registered Agent signature	e required when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1 1 TITLE	Change Addition
NAME	SCULAC, JOSEPH		1.2 NAME	,
STREET ADDRESS	2244 QUALI RIDGE S		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3418	1.4 CITY - ST - ZiP_	
TITLE	T	☐ DELETE	2.1 TITLE	Change Addition
NAME	SCULAC, YVONNE		2.2 NAME	
STREET ADDRESS	2244 QUALI RIDGE S		2.3 STREET ADDRESS	,
CITY-ST-ZIP	PALM BEACH GARDENS FL 3		2. 4 CITY-ST-ZIP	
TITLE		[_] DELETE	3.1 TOTLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY - ST - 7IP		DELETE	3.4. CfTY - ST - ZiP	Change Addition
THE		[_] breeze	4 1 TITLE	Charge En Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-51 ZIF		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME		occen	5.2 NAME	C. Crange
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME		<del></del>	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

SIGNATURE:

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.

**FILED** 

Jan 28 1997 8:00am

Secretary of State