## 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 # \$69020

(3)

MARLENE J. BATAVIA, P.A.

Principal Place of Business

Mailing Address

5130 LINTON BLVD. STE B-2 DELRAY BEACH FL 33484 5130 LINTON BLVD. STE B-2 DELRAY BEACH FL 33484-6595

## FILED Jan 28 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 07/26/1991	01/23/1996			
	lace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For	
21 4900	LINTON BLYD.	26 4900 LINTON BLVD.			65-0273264	<b>65-0273264</b> Not Appli			
Suite, Apt	WITE 29	Suite, Apt. #, etc.  27 Suite 29		<b>5.</b> Certificate of Status Desired					
City & State	City & State  DORAY BEACH FL 28 DELRAY			FL	6. Election Campeign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24 <b>33445</b>			Country 0 <b>U</b>	(SA		Yes N	0	199.032,	
	9. Name and Address of Curren	t Registered Agent		····	10. Name and Address of New Re	gistered Ager	<u>1t</u>		
WEF	rksman, alan J.		81	Name					
160 SOUTHWEST 12TH AVENUE SUITE 109 DEERFIELD BEACH FL 33442				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
			84	City		FL 85	5 Zip C	ode	
i office ar r	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with and accept the obligation Signature types or puried name of registered age.	of Florida, Such change was auf ations of Section 607,0505, Florid	thorized b da Statute	y the corpo s.	orporation submits this statement for the pration's board of directors. I hereby accelulation and the properties of the	purpose of cha pt the appointn	nging its nent as r	registered registered	
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFI	CERS AND DIF	RECTOR	S IN 12	
TITLE	D	☐ DFLETE	13.	т			Change	Addition	
NAME	BATAVIA, MARLENE J.		1.2 NAME	1		-	-		
STREEF ADDRESS	2240 S.W. 15TH PLACE			ADDRESS	7610 GLENDEVON LAN	ستعا			
C-TY-ST-ZIP	BOCA RATON FL			ST - ZIP	DELRAY BEACH FL	33446	, 3		
TITLE		☐ DELETE	2.1 TITLE				Change	Addition	
NAMÉ			2.2 NAME						
STREET ADDRESS			2.3 STREE	T ADDRESS					
CITY - ST - ZIP			2. 4 CITY-	ST-ZIP					
TITLE		DELETE	3 1 TITLE				Change	Addition	
NAME			3.2 NAME	1					
STREET ADORESS			33 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-						
TITLE		DELETE	41 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRÉSS					
CITY-ST-ZIP			4,4 CITY -						
TITLE		DELETE 5.1		1			Change	Addition	
NAME		••••	5.2 NAME				-		
STREET ADDRESS				TADDRESS					
· ·			5.4 CITY-						
CHY-ST-ZIP		DELETE	61 TITLE	31-71L		П	Change	☐ Addition	
)		octor					Sharige	FAUGROOM	
NAME			6.2 NAME						
STREET ADDRESS :			1	T ADDRESS					
CITY - ST - ZIP			6.4 CITY -	ST-ZIP					

14. I do hereby certify that the information supplied with this filling 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 N2 or Block N2 or Block N3 15 handed to the component of the receiver of the receiver of the component of the receiver of

SIGNATURE

AND THE AND THE OR PRINTED NAME OF SIGNING OFFICE

MARLENE J. BATAVI

1/21/97 561-496-6400

ayıme Phone #