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 # S71649

(5)

BULLSEYE, INC. OF THE PALM BEACHES

Principal Place of Business Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



| 4900 GODFREY CORAL SPRING US | | 4900 GODFHEY HOAD CORAL SPRINGS FL | | | Date Incorporated or Qualified | 3a. Date of Last Rep | ort |
|------------------------------------|--|---|-------------------------------------|-----------------------|---|---------------------------|------------|
| 4 | | | | | 08/07/1991 | 08/01/1996 | |
| 2. Principal Place of Business | | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | | ed For |
| 21 | | 26 | | | 65-0338557 | | Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | 1 | | 5, Certificate of Status Desired | □ \$8.75 Add | |
| 22 | | 27 | | | | Fee Requ | |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | \$5.00 ма | |
| 23 | | 26] | | | Trust Fund Contribution | Added to I | |
| Zip | Country | Zip | Count | ry | 8. This corporation has liability for integrible tax under s. 199.032, Florida Statutos | | |
| 24 | 25 9, Name and Address of Curr | 29 29 Agent Registered Agent | 30 | | Florida Statutes 10. Name and Address of New Re | | |
| D. H. | | ent negistered Agent | 8 | 1 Name | 10. Nume and Addiess of Non-Ite | Jistorda Agom | |
| | L, CHARLES H | | | | | | |
| | GODFREY ROAD | | 8 | 2 Street Add | dress (P.O. Box Number is Not Acceptab | le) | l |
| CUH | IAL S PRINGS FL 33067 | | 8 | 3 | | | |
| d. | | | Ĭ | | | | |
| • | | | 8 | 4 City | | FL 85 Zip Co | de |
| 44 Directions | to the provisions of Sections 607.0 | (02 and 607 1609 Clarida C | tatutes the she | ue pamed cor | rogation cubmits this statement for the p | | agietorad |
| office or r | egistered agent, or both, in the Sta m familiar with, and accept the ob | ate of Florida. Such change value of Florida. Such change value of Florida. Section 607.050 | was authorized 5, Florida Statut | by the corpora es. | poration submits this statement for the pation's board of directors. I hereby accept | of the appointment as re- | gistered |
| SIGNATURE | Signature, typed or printed name of registered | | (NOTE Registered A | gord's grature requ | rred when re-astating) | DATE | |
| 12. | | AND DIRECTORS | 13. | • | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | PTD | [_] DELETE | 1.1 1810 | | | Change | Addition |
| NAME | BULL, CHARLES H | | 1.2 NAM | E | | | |
| STREET ADDRESS | | | 1.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | | - S1 - ZIP | | | |
| TITLE | | | 2.1 1111.1 | | | Change [| Addition |
| NAME | | | 2.2 NAM | F | | 1 | |
| STREET ADDRESS | | | 2.3 STRE | ET ADORESS | | | |
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| TITLE | DELETE 4 | | 4.1 1111 | | | Change [| Addition |
| NAME | | | 4 2 NAN | AE | | | |
| STREET ADDRESS | | | 4.3 \$TR | £1 ADDRESS | | | |
| CITY-ST-ZIP | | | | - ST - ZIP | | | |
| TITLE | DELETE 51 | | 51701 | | | Change [| Addition |
| NAME | | | 5.2 NAM | ŧ | | | |
| STREET ADDRESS | | | 5 3 S1RE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | | - S1 - ZIP | | | |
| TITLE | | DELET(| DELETE 61 TIT | | | ☐ Change | Addition |
| NAME | | • . | 6.2 NAM | E | | | |
| STREET ADDRESS | | | 63 STRI | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 64 CITY | -ST-7IP | | | |

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 porporation 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, oven an attachment with an address.