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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(9)

Principal Place of Business Mailing Address  1411 N. FLAGLER DRIVE 1411 N. FLAGLER DRIVE SUITE 4600 SUITE 4600 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 US					3. Date Incorporated or Qualified 10/02/1991 3a. Date of Last Report 04/14/1995				
Principal Pla	ace of Business	2a. N	Mailing Address			4. FEI Number		7 177 10	Applied For
Suite, Apt. #	# oto	26	7			64-0284452			Not Applicable
Suite, Api. #	F, BIC.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State	)		City & State		····	6. Election Campaign Financing			00 May Be
]		28	<del></del>			Trust Fund Contribution			ed to Fees
Zip ⊐	Country	<b></b> -	?ip	Cou	ntry	8. This corporation has liability for		x under	s 199.032,
<u> </u>	9. Name and Address of Curr	29	rod Annal	30			s []No		
	9. Haine and Address of Curr	ieni negiste	red Agent		81 Name	10. Name and Address of New	Hegisterea A	agent	
KAYE, WILLIAM A. 302 EDEN RD							<del>,,,,</del>		
					82 Street Add	iress (P.O. Box Number is Not Accepta	ible)		
Palm be	EACH FL 33488				83			***	
				ŀ	84 City			85 2	?rp Code
					11 0,		FL	1 1	•
	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Sc	002 and 607, orida. Such c ection 607,05	1508, Florida State thange was author 505, Florida Statute	tutes, the abo rized by the d les	ve-named corpo corporation's boa	oration submits this statement for the po and of directors. I hereby accept the app	urpose of cha pointment as	nging its registere	registered offici ed agent. I am
SIGNATURE:	Signature, typed or printed name of registered ag		ilicable (I	(NOTE Registered	Agent signature requi-		DATE FICERS AND	DIRECT	ORS IN 12
SIGNATURE:	Signature, typed or printed name of registered ay OFFICERS A	gant and title if app	dicable (	(NOTE Registered 13.	Agent signature requir	ed when reinstaling)	DATE FICERS AND		ORS IN 12
SIGNATURE:	Signature, typed or preled name of registered by OFFICERS A P KAYE, WILLIAM A.	gand and title if app AND DIRECTO	olicatole (1 ORS DELETE	(NOTE Registered 13. 1.1 TI 12. NA	Agent signature requir	ed when reinstaling)	DATE FICERS AND	DIRECT	ORS IN 12
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SIGNATURE: SIGNATURE AND THE DORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #