

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 MAY -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # S85588 (9)

1. Corporation Name
6173 CORPORATION

Principal Place of Business: **6173 NORTHWEST 24TH WAY BOCA RATON FL 33496 US**
Mailing Address: **6173 NORTHWEST 24TH WAY X BOCA RATON FL 33496 1460 36th Street Vero Beach FL 32960**

3. Date Incorporated or Qualified: **10/07/1991**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **65-0322345**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, J. CLINTON
1460 36TH STREET
VERO BEACH FL 32960-6549**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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, or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (SOLE Registered Agent's signature is required in this block) DATE:

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MOFFITT, LYNN	
STREET ADDRESS	6173 NW 24TH WAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	CLINTON, SCOTT J	
STREET ADDRESS	1460 36TH STREET	
CITY - ST - ZIP	VERO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

**SCC 5-30-96
(200.00 JT)
5-16-96 - Dept. of Rev. See Page #2**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 607
778
5555

CR2E034 (12/95)

CHPPJT2 - 00 RUN DATE 05/16/96 AS OF 05/16/96
SAMS - CENTRAL ACCOUNTING

POSTED JOURNAL TRANSACTIONS BY SMDN WITHIN INITIATING OLO AND SITE

AUDIT LOCATION - STATEIDE
OLO 450000 - DEPARTMENT OF STATE
SITE - NO TITLE

SMDN C6000031592 ADDCRNO 001425

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	CF	TC	OBJECT
45 20 2 130001 45300000 00 000100 00	45	0010		200.00				

TRANSACTION CODE TOTAL - 45 200.00

Per Conn Deloitte Lollie 5-22-96

*PERCENT 001015
OBJECT 001010
ORG-4530 R2
FO-
Receipt From Dept of Revenue*

#585588

96 MAY 17 AM 8:50
FINANCIAL MANAGEMENT

*Entered By
Jed
5-22-96*