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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

0472137

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$87831

(1)

Principal Place 2051 N.E. OCE SUITE C-21 STUART FL 349	AN BLVD.	Mailing Address 2051 N.E. OCEAN BLVD. SUITE C-21 STUART FL 34996-2903			3. Date Incorporated or Qualified	3a. Date of Last R	
					10/17/1991	02/23/1996	
	ace of Business	2a. Mailing Address			4. FEI Number		oplied For
21		26 Suite Act # cts	Suite, Apt. #, etc.		65-0316356		ot Applicable
Surte, Apt. #, etc.		}	27		5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution		to Fees
Ζrp	Country	Ζιρ	ay `		8. This corporation has liability for intangible tax under s. 199.032,		
24	25		30			Yes No	
001	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	WARTZ, ERIC M.			1			
2051 NORTHEAST OCEAN BLVD. SUITE C-21				Street Addre	Address (P.O. Box Number is Not Acceptable)		
	ART FL 34996		83				
0.0	7511 1 2 0 1000					11	O I
			84	,	oration submits this statement for the p ion's board of directors. I hereby accep	FL T	Code
12. THILE	D	D DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR Change	RS IN 12
NAME STREET ADDRESS	SCHWARTZ, ERIC M. 2051 N.E. OCEAN BLVD. SUIT	TE A11	1.2 NAME 1.3 STREE	T ADDRESS			
CITY - ST - ZIP	STUART FL		1.4 CITY				
TITLE		DELETE				Change	Addition
NAME			22 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY - ST - ZIP TITLE	DELETE		2. 4 CHY-ST-ZIP 3.1 TITLE			Change	Addition
NAME.			3.2 NAME			rm one do	
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP	•		3.4. CITY-	ST-ZIP			
TITLE	DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NAMI	i i			
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP		DELETE	4.4 CITY-	ST - ZIP	<u></u>	Change	Addition
THLE		☐ verei¢	5.1 TITLE 5.2 NAME			First Cridisha	I''' Vocition
NAME STREET ADDRESS I				T ADDRESS			
CITY-SE-ZIP			5.4 CITY-	1			
TITLE		DELETE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			62 NAME	· I			
STREET ADDRESS			63 S ys y	T ADDRESS			
CITY-ST-ZIP		/ /	6/ 9 /TY	ST-ZiP			
14. I do heret informatio I am an o appears i	1 1	or with this titing does not qualification in the supplemental annual report is to the receiver or trustee empower on an attachment with a supplemental with a supplemental with a supplemental with a supplemental with the supplemental with th	rue and accepted to exe	emption stated surate and that cylic this repo	d in Securi 119.07(3)(i), Florida Statute my Signature shall have the same lega n is ego red by Chapter 607, Florida S	is. I further certify that al effect as if made ur Statutes; and that my	ine ider oath; tha name