## 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 # \$88766** 

(8)

FILED
Jun 03 1997 8:00am
Secretary of State

	PLACE, INC.  De of Business  (E BLVD 33406	Mailing Address 924 NORTH LAKE BLVD LAKE PARK FL 33408 US			
				3. Date Incorporated or Qualified 10/21/1991	3a. Date of Last Report 01/30/1996
	Place of Business	28. Mailing Address		4. FE! Number	Applied For
Suite, Apt	#, etc.	26		65-0291260	Not Applicable  88.75 Additional
2		27		5. Certificate of Status Desired	Feo Required
City & Sta	te	City & State	··· ····· ··· ··· ··· ··· ··· ··· ···	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>26</b>	Country	Trust Fund Contribution	Added to Fees
4]	25	29	30	8. This corporation has liability for i	ntangible tax under s. 199.032, ] Yes = [] No
<u></u>	9. Name and Address of Curre			10. Name and Address of New Re	
	e indiantown RD Iter FL 33477		82 Street Add 83 84 City	ress (P.O. Bex Number is Not Acceptab	FL 85 Zip Code
agent. I a SIGNATURE	Signature, typed or pointed name of registered as		lorida Statutes.  DE Registered Agmil signature requi	poration submits this statement for the p tion's beard of directors. Thereby accep ared when reastlying? ADDITIONS/CHANGES TO OF FIC	DAT
TITLE	P	DELFTE	1.1 TATE		Change Addition
NAME	SCHWARTZ, S RAYMOND		1.2 NAME		
STREET ADDRESS	920 ORANGE DR LAKE PARK FL		1.3 STREET ADDRESS		
HTY-ST-ZIP	V	DELETE	14 CHY+ ST- ZIP 2 1 TITLE		Change Addition
IAME	PRIMAVERA, DEAN A	,	2.2 NAME		
TREET ADDRESS	600 B BRANDYWINE RD		2.3 STREET ADDRESS		
CITY-S1-ZIP	W PALM BEACH FL		2 4 CITY - ST - ZIP		7 At 17 Addie.
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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 eath; that I am an officer or director of the corporation or the receivor or trusted impowered to execute this report as required by Chapter,607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an altar hment with an address.

SIGNATURE:

Mayar Sillan

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