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

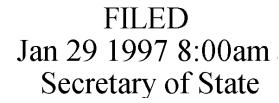
DOCUMENT # \$91170

(8)

HANSON, PERRY & JENSEN, P.A.

Principal Place of Business

Mailing Address





105 S NARCISSUS STE 510 W PALM BCH FL 33401			105 S NARCISSUS STE 510 W PALM BCH FL 33401-5527				
					3. Date Incorporated or Qualified 10/31/1991	3a. Date of Las 01/25/199	
2. Principal F	Place of Business	2a. Mailing Address	,	······································	4. FEI Number		Applied For
21		26			65-0294597		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country Zip 30			Country 8. This corporation has liability for intangible tax under s. 199 Florida Statutes Yes No		er s. 199.032,	
<u></u>	9. Name and Address of Cur		1001		10. Name and Address of New Re		
PEI	RRY, ANN H.		81	Name			
1621 N.W. 10TH STREET			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
BO	CA RATON FL 33486		83				<u></u>
,			84	City		FL 85	Zip Code
11. Pursuant office or agent 1	to the provisions of Sections 607.t registored agent, or both, in the St am familiar with, and accept the ob	0502 and 607.1508, Florida Statu ate of Florida. Such change was oligations of, Section 607.0505, F	tes, the above authorized be lorida Statute	e-named col y the corpora s.	rporation submits this statement for the patient's board of directors. I hereby acceptions	ourpose of changing the appointment	ng its registered t as registered
SIGNATURE				***************************************			
46	Signature type dioripointed name of registerical			eni signalure requ	uired when reinstating)	DATE	TODG IN 12
12.	OFFICERS PD	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Char	
TITLE	HANSON, MARY JILL	DECER	1.1 TITLE			LI GIRI	ige 🗀 Addition
NAME	301 OCEAN BLUFFS BLVD		1.2 NAME				
STREET ADDRESS	JUPITER FL	•		T ADDRESS			
CITY - ST - ZIP	TD	DELETE	1.4 CITY-	ST-ZIP		Char	ge Addition
TITLE	OPPRIS ASSESS		2 1 TITLE			LI CIRII	ide Ti vodition
NAME	1621 N.W. 10TH STREET		2.2 NAME				
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY	ST-ZIP		I Ohan	- Addition
TITLE	JENSEN, BONNI SPATARA	☐ DELETE	3 1 TITLE			L_J Char	ge L. Addition
NAME	OF WEST DUBLOCK LANE		32 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY - S1 - ZIP			3.4. CITY	ST-ZIP			nge Addition
TITLE		☐ DELETE	41 TITLE			Char	INC MODITION
NAME			4 2 NAM	ľ			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-7:P		Priese	4.4 CITY-			170.	an Barane-
TITLE	l E		5.1 TITLE	Į.		☐ Char	nge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIF			5.4 CITY	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Char	nge 🔲 Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-SI-ZIP			6.4 CITY	ST-ZIP			

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 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 if charged or on an attachment with an address.

SIGNATURE