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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business Mailing Address 22 PERILITAN AVENUE									
223 PERUVIAN AVENUE PALM BEACH FL 33480		223 PERUVIAN AVENUE PALM BEACH FL 33480-4635							
					ato Incorporated or Qualific 1/05/1991		of Last R 1/1996	eport	
 -	lace of Business	2a. Mailing Address		1	I Number		<u> </u>	oplied For	
21 26 Sulte, Apt. #, etc.		Suite Aut # ole	26 Suite, Apt. #, etc.		65-0296143		\$8.75 /	ot Applicable	
22]		27		5. C	ertificate of Status Desired		Fee Re		
City & State		City & State			ection Campaign Financing		\$5.00	May Be	
23		28		Tr	ust Fund Contribution			to Fees	
Zip	Country	Zip	Country	1	nis corporation has liability	lor intangible ta		. 199.032,	
24	9. Name and Address of Currer	29 nt Registered Agent	[30]		orida Statutes ame and Address of New				
BRO	BERG, PETER S.		81 Name	·		<i>B</i>			
223 PERUVIAN AVENUE			82 Street	Address (P.O	. Box Number is Not Accep	otable)			
PALM BEACH FL 33480			iI						
			83						
			84 City			FL	85 Zip (Code	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 607 1508, Florida Statul of Florida, Such change was	ies, the above-named authorized by the cor	corporation s poration's boa	submits this statement for thard of directors. I hereby ac		hanging it ntment as	ts registered registered	
	m familiar with, and accept the oblig	ations of, Section 607.0505, F1	onda Statutes.		•				
	Signature, lyped or printed name of registeren age		Fir gistered Agent signatur			DATE			
12.	OFFICERS AN	D DIRECTORS DELETE	13.	AD	DITIONS/CHANGES TO OF		DIRECTOR Change	RS IN 12	
TITLE NAME	elias, William D.	☐ DETELE	1.1 TITLE 1.2 NAME			•	_	Author	
STREET ADDRESS	145 SEASPRAY AVENUE		1.3 STREET ADORESS	405	SEASPRAY	AVON	E		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY - \$1 - ZIP	1.50					
TITLE		DELETE	2.1 TITLE				Change	Addition	
NAME I			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE		DELETE	2 4 GITY-ST-7IP 3.1 TILE	ļ			Change	Addition	
NAME			3.2 NAME	}					
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4 CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADORESS			4.3 STHEET ADDRESS						
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-S1-7/P 5.1 HILE	 -			Change	Addition	
NAME		<u> </u>	5.2 NAME				<i>3</i> -		
STREET ADDRESS			5.3 STREET ADDRESS						
CITY - ST - ZIP			5.4 CITY - ST - ZIP				<u> </u>		
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAMÉ			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						

64 CITY-SI-ZIP

14. 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 changed, or on an attachment with an address.