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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Feb 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$98101

(6)

Principal Place of Business Mailing Address 1801 S. FEDERAL HWY 241 DELRAY BEACH FL 33483 US						
US					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			11/22/1991 4. FEI Number	02/07/1996 Applied For
		26			13-3314134	Not Applicable
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
27						Fee Required
k '		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZID	Country	Zip	Country		This corporation has liability for in	
24	25	├ ¬ ` }	30		Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent		•	10. Name and Address of New Reg	gistered Agent
KIRS	81 Name	е				
1801 S FEDERAL HWY			82 Stree	t Addre	ss (P.O. Box Number is Not Acceptab	le)
DELRAY BEACH FL 33483			83			
			84 City			FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida, Such change was a	s, the above-name uthorized by the co	d corpo orporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag		Registered Agent signature			DATE
12,		D DIRECTORS	13.	Jim Tequire.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 THTLE	T		Change Addition
NAME	LEIPOLD, HEBERT		1.2 NAME			
STREET ADDRESS	1801 S. FEDERAL HWY		1.3 STREET ADDRESS	3		
CITY - ST - ZIP	DELRAY BEACH FL	- Delete	1.4 CITY - ST - ZIP	_		Change Addition
TITLE	D WALTED	☐ DELETE	2.1 TITLE			Change Addition
NAME STREET ADDRESS	LEIPOLD, WALTER 1801 S. FEDERAL HWY		2.2 NAME 2.3 STREET ADDRESS	,		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY - ST - ZIP	`		
TITLE	VP VP	☐ DELETE	3.1 TITLE	<u> </u>		Change Addition
NAME	KIRSTEIN, BERNICE		3 2 NAME			İ
STREET ADDRESS	1801 S. FEDERAL HWY		3 3 STREET ADDRESS	3		j
CITY-ST-ZIP	DELRAY BEACH FL		3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	S		
CITY-ST-ZIP TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE	+		Change Addition
NAME			5.2 NAME			,
STREET ADDRESS			5.3 STREET ADDRESS	s		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
SIRFET ADDRESS			6.3 STREET ADDRESS	s		

6.4 CITY - ST - 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.