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 # S99713

MICHAEL J. BURLEY P.A.

		FILEI)
Apr	10	1997	8:00am
Se	cre	tary c	of State

- I DEBINDIO NIO PONE ARMA DELLA DIRECTIONE DI BIONI DIRECTIONI DI BIONI DIRECTIONI DI BIONI DIRECTIONI DI BIONI DI BIONI

Principal Place of Business	Mailing Address			
1001 NORTH U.S. HWY. ONE 204 JUPITER FL 33477 US	1001 NORTH U.S. HWY. ONE 204 JUPITER FL 33477-4480 US	3. Date Incorporated or Qualified 3	a. Date of Last Report	
08	00	12/11/1991	04/16/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
21 250 Tequesta Drive	26 250 Tequesta Dri	ve 65-0304912	Not Applicable	
Suite, Apt. #, etc.	Suite. Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional	
22 Suite 202	27 Suite 202		Fee Required	
City & State 23 Tequesta, Florida	City & State 28 Tequesta, Florid	a Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 3 3 4 6 9 25 U.S.	Zip Country 29 3 3 4 6 9 30 U.S.	8. This corporation has liability for intar Florida Statutes	·	
9. Name and Address of Currer	t Registered Agent	10. Name and Address of New Regist	ered Agent	
BURLEY, MICHAEL J. 1001 NORTH U.S. HWY. ONE		Name BURLEY, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable)		
SUITE 400		250 TROUESTA DRIVE		
JUPITER FL 33477	83	SUITE 202		
		City	B5 Zip Code	
		TROURSTA	FL 33469	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Superature: Typied or profiled name of registered agent and title 4 appricable (NOTE	Registered Agent signature require	ad when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1111.6	D DELETE	1.1 TITLE	Change	Addition
NAME	BURLEY, MICHAEL J.	1.2 NAME		
STREEL ADDRESS	1644 OLD CYPRESS TRAIL	1.3 STREET ADDRESS		ĺ
COLY - ST - ZIF	WELLINGTON FL	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE	Change	☐ Addition
NAMÉ		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP		2. 4 CITY-ST-ZIP		
117L 6	DELETE	3.1 TITLE	Change	Addition
NAMÉ		3.2 NAME		
STREET ADORESS		3.3 STREET ADDRESS		
City-St-ZiP	·	: 3.4. CITY-ST-ZIP		
THELF	DELETE	4.1 TITLE	☐ Change	Addition
NAME		4. 2 NAME		
STREET ADORESS	•	4.3 STREET ADDRESS		
City-\$1-ZP		4.4 CITY-ST-ZIP		
TIFLE	DELETE	5.1 TITLE	Change	Addition
NAME		5.2 NAME		l
STREET ADORESS		5.3 STREET ADDRESS		
CITY - ST - ZIF		5.4 CITY-ST-ZIP		
TILE	DELETE	6.1 TITLE	☐ Change	Addition
NAVE		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		ĺ
CITY - ST - 7IF	<u>.</u>	6.4 CITY-ST-ZIP		
14. Lina hereb	by certify that the information is policy with the filling does not qualif	v for the exemption stated	in Section 119.07(3)(i). Florida Statutes, I further certify that the	ne

ed with right ling does not duality for the exemption state in Section 1-90/13/10, Florida statutes. This interest has supplemental annual/eport is true and accurate and that my signature half have the same legat effect as it made under oath; that the receiver or truspee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I for inference certify the the find matter information indicated on this annual report am an officer or director of the corpora appears in Block 12 or Block 13 in change

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

APRIL 7, 1997

(561)744-3100