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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

		Mailing Address 23123 STATE RD 7 SUITE 330 BOCA RATON FL 3342	3-5407			
				3. Date incorporated or Qualified 01/16/1992	3a. Date of Las 04/09/199	•
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	1 04/09/188	Applied For
1		26		65-0321347		Not Applicable
Suite, Ap	il #, etç.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional
City & Sta	316	City & State	. 			Required
3]	, inc	28		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		
4	25	29	30	Florida Statutes	Yes 🗌 No	
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Re	glatered Agent	
	FFEE, SIMON S.		81 Name			
10263 BOCA WOODS LANE BOCA RATON FL 33428			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
DC	JUN RATUR FL 33420		83			
			<u> </u>			
			84 City		FL 85 Z	ip Code
		ate of Florida. Such change wa ligations of, Section 607,0505,	lutes, the above-named or s authorized by the corpor Florida Statutes.	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changin pt the appointment	g its registered as registered
SIGNATURE.	Signature, typed or privited name of registered	agent and title if applicable (N	Iules, the above-named of s authorized by the corpo- Florida Statutes. OTE: Registered Agent signature re-		DATE	
SIGNATURE 12.	Signature hyped or privad name of registered OFFICERS A	agent and title if applicable (h	IOTE: Registered Agent signature res	quired when reinslating)	DATE	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature hyped or printed name of registered OFFICERS A D JAFFEE, SIMON S	agent and title if applicable (NAND DIRECTORS DELETE	OTE: Registered Agent signature ret 13. 1.1 TITLE 1.2 NAME	quired when reinslating)	DATE CERS AND DIRECT	ORS IN 12
SIGNATURE 117LE NAME STREET ADDRESS	Signature hyped or private name of registered OFFICERS A D JAFFEE,, SIMON S 10263 BOCA WOODS LANE	agent and title if applicable (NAND DIRECTORS DELETE	OTE: Registered Agent signature ret 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinslating)	DATE CERS AND DIRECT	ORS IN 12
SIGNATURE. 12. 1111.e NAME STREET ADDRESS DITY-ST-ZIP	Signature hyped or printed name of registered OFFICERS A D JAFFEE, SIMON S	agent and title if applicable (NAND DIRECTORS DELETE	OTE: Registered Agent signature rei 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when reinslating)	DATE CERS AND DIRECT Change	ORS IN 12 & Addition
SIGNATURE. 12. TITLE NAME SIREET ADDRESS CITY - ST - 719 TITLE	Signature hyped of privided name of registered OFFICERS A D JAFFEE,, SIMON S 10263 BOCA WOODS LANE BOCA RATON, FL 33428 D	agent and title if applicable (NAND DIRECTORS DELETE	OTE: Registered Agent signature ret 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	quired when reinslating)	DATE CERS AND DIRECT	ORS IN 12 Addition
SIGNATURE. 12. THE NAME STREET ADDRESS DITY-ST-719 THE NAME	OFFICERS A D JAFFEE,, SIMON S 10263 BOCA WOODS LANE BOCA RATON, FL 33428 D JAFFEE, BEATRICE	agent and title if applicable (NAND DIRECTORS DELETE	OTE: Registered Agent signature rei 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when reinslating)	DATE CERS AND DIRECT Change	ORS IN 12 & Addition
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SIGNATURE. 12. TITLE NAME STREET ADDRESS CITY - ST - 719 TITLE NAME STHEET ADDRESS CITY - ST - ZIP	Signature hyped of prefed name of registered OFFICERS A D JAFFEE,, SIMON S 10263 BOCA WOODS LANE BOCA RATON, FL 33428 D JAFFEE, BEATRICE 10263 BOCA WOODS LN BOCA RATON FL D	agent and title if applicable (NAND DIRECTORS DELETE	OTE: Registered Agent signature ret 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	quired when reinslating)	DATE CERS AND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP	Signature hyped of prefed name of registered OFFICERS A D JAFFEE,, SIMON S 10263 BOCA WOODS LANE BOCA RATON, FL 33428 D JAFFEE, BEATRICE 10263 BOCA WOODS LN BOCA RATON FL D DEBENEDETTO, ROBERT	agent and title if applicable (NAND DIRECTORS DELETE	OTE: Registered Agent signature ret 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CUTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CUTY-ST-ZIP	outred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECT Change Change	ORS IN 12 Addition Addition
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4. 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 supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that arm 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 order attaching by with an address.

SIGNATURE:

Simon S. Jaffee

4/7

(561) 488-9194

FILED

Apr 11 1997 8:00am

Secretary of State