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' PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V30381

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Apr 07 1997 8:00am
Secretary of State

EII ED

Principal Place of Business 400-D NORTH FLAGLER DRIVE WEST PALM BEACH, INC. Mailing Address 400-D NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401				4 SP1, 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
					3. Date incorporated or Qualifie 04/21/1992		ate of Last 01/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	I		Applied For
Suite, Apt	# p/c	Suite, Apt. #, etc.			65-0380410	17		Not Applicable Additional
55	, r, c.c.	27			5. Certificate of Status Desired	\mathcal{K}		Required
City & Sta	ile .	City & State	***************************************		6. Election Campaign Financing Trust Fund Contribution	<u> </u>		May Be d to Fees
Zip	Country	2 ip	Cou	intry	This corporation has liability f	or intangible		
24	25	29	30	·	Florida Statutes	X Yes	□ No	·····
	Name and Address of Curr JLAWAY YACHTS	ent Registered Agent		81 Name	10. Name and Address of New	Registered	Agent	
	0-D NORTH FLAGLER DRIVE		Ì					
	EST PALM BEACH FL 33401			82 Street Add	dress (P.O. Box Number is Not Accep	itable)		
,				83				
			ľ	84 City	······································	FL	85 Zip	Code
	regiments and it, or both in the late		s authorized	d by the cornors	ation's heard of directors. I hareby se-			
SIGNATURE	Signature Med or printer name of registered a	agent and to e it applicable (NC	74 OTE Registered	resident	rporation submits this statement for th ation's board of directors. I hereby acc ulted when reinstating)	3-/2 DATE	-97	
	Signature Verlag professional of registered a OFFICERS A	س ــــه	7/	Yesi deud d Agent signature requ		3-/2 DATE	-97	DRS IN 12
SIGNATURE	Signary Lord of professions of registered a OFFICERS A DPST RUEHLE, JAMES L.	agent and tice if applicable (NO ND DIRECTORS	7/ DTE Registered 13.	YESI deut d Agent signature requ TLE	ulred when reinstating)	3-/2 DATE	97 DIRECTO	DRS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS	OFFICERS A DPST RUEHLE, JAMES L. 4112 PERCH POINT DR.	agent and tice if applicable (NO ND DIRECTORS	13. 11 TH 12 NA 13 ST	Agent signature required. TLE AME IREET ADDRESS	ulred when reinstating)	3-/2 DATE	97 DIRECTO	DRS IN 12
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0296078