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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V33075

(5)

Principal Place	h street	Mailing Add		18	····			
DOON INTOK	71. 55-400	DOOR INTO		,,		3, Date Incorporated or Qualified	3a, Date of Last P	Report
						05/01/1992	02/05/1996	тороп
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	 	pplied For
Suite, Apt.	A ata	26	nt # ata			65-0337263		ot Applicable
22	#, etc.	<u>-</u>	Suite, Apt. #, etc.			Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	Additional leguired
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Country	!	B. This corporation has liability for		š. 199.032,
24	25 9. Name and Address of Curr	29 29 Annual Registered An		30		Florida Statutes 10. Name and Address of New Re	Yes No	
COR	RPORATION SERVICE COMPA			81	Name	10, 114110 4114 11441040 47 11641 11	31010100	······································
	1 HAYS ST.	•		82	Street Add	Iress (P.O. Box Number is Not Acceptal	ble)	
	LAHASSEE FL 32301				Stroot Add	TO SERVICE DON THE HOUSE IS THE FROM DELLA	510)	
				83				
				84	City		85 Zip	Code
11 Purcuant	to the provisions of Sections 607.0	502 and 607 1508	Florida Statute	s the above	a-named cor	noration submits this statement for the	Durnose of changing i	ite registered
	egistered agent, or both, in the Sta un fam liar with, and accept the ob-	ate of Florida. Such ligations of, Section	change was a 607.0505, Flo	uthorized by rida Statutes	the corpora	poration submits this statement for the lation's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE	Registered Age	ent signature requ	ired when reinstating)	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TITLE			☐ Change	Addition
NAME	VITTOR, GLEN T.			1.2 NAME				
STREET ADDRESS	1863 S.W. 17TH STREET			1.3 STREET				
CITY - ST - ZIP	BOCA RATON FL		DELETE	1.4 CITY-S	T-ZIP		Change	☐ Addition
THLE NAME		L	_1 nerese	2.2 NAME	}			Addition
STREET ADDRESS				2.3 STREET	ADDRESS			
C(1Y-ST-ZIP				2.4 CITY-				
TITLE			DELETE	3.1 TITLE			☐ Change	Addition
NAME (3.2 NAME	Į			
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY - ST - 7IP				3.4. CITY-:	ST-ZIP			
TITLE		Ĺ	DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME		•	•	
STREET ADDRESS				4.3 STREET	·			
CITY - ST - ZIP TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELETE	4.4 CITY - S 5.1 TITLE	11-211		Change	Addition
NAME		1		5.1 THE.				
STREET ADDRESS				5.3 STREET	ADDRESS			
CHY-ST-ZIP				5.4 CITY - S	l l			
TITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME				
CTUEST ADDICKS :				6 2 CYPECT	ADDRESS			

FILED Feb 19 1997 8:00am Secretary of State

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 chapted, or on an attachment with an arrives.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP