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PROFIT CORPORATION ANNUAL REPORT

1997

HELFMAN & MEHR, P.A.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V35163

(7)

Sandra B. Mortham

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Feb 06 1997 8:00am

Secretary of State

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0333736 Applied For Not Applicable 21 26 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032,	Principal Place of Business Mailing Address 415 5TH STREET 415 5TH STREET WEST PALM BEACH FL 33418 WEST PALM BEACH FL 33						-			
26 Suite April 8 etc. 26 Suite April 8 etc. 27 City & State 27 City & State 28 City & State 29 Country 28 City & State 28 29 Country 29 Suite 29							3. Date Incorporated or Qualified 05/11/1992			eport
City & State Care Country City & State Care Ca	2. Principal Pl	ace of Business	 	<u>├</u> ─¬						
28		#, etc.	h				5. Certificate of Status Desired		-	
20		9	············							
10 Name and Address of Current Registered Agent 10 Name and Address of New Registered 10 Name and Address of New Agent 10 Name					ntry	atry 8. This corporation has liability for intangible tax under s. 199.032,				
### Addition #### Addition ##### Addition ####################################		9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	jistered .	\gent	
WEST PALM BEACH FL 33401 Ba	HEL	FMAN, GARY S			61	Name				
STORT LADRESS CITY ST - 2P					82	Street Addre	Idress (P.O. Box Number is Not Acceptable)			
1. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Stetutes, the above-named corporation submits this statement for the purpose of changing its registered agent, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Soction 607.0505. Florida Statutes. SIGNATURE					83					
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 with, and accept the obligations of, Socion 607,6505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITIE D DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 2.1 TITLE VP DELETE 2.1 TITLE WEST PALM BEACH GDNS FL 14 CITY-ST-2PP ITIE WEST PALM BEACH FL DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 6.1 TITLE DELETE 5.1 TITLE										
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIE D	office or re agent. I as	egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change wa gations of, Section 607.0505,	s authorized Florida Stat	d by utes.	the corporati	ion's board of directors. I hereby accep	t the app	changing it pintment as	s registered registered
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City St - ZiP						ADDRESS				
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	[ANDRESS				

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 armitial fopoil is full 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 of 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 arithmest.

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR