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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V36519

(9)

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Apr 03 1997 8:00am
Secretary of State

Principal Place 7777 GLADES STE 210 BOCA RATON	ROAD	Mailing Address 7777 GLADES ROAD STE 210 BOCA RATON FL 33434-	H 50	· • • • • • • • • • • • • • • • • • • •				
US		US			3. Date Incorporated or Qualifie		te of Last R	eport
					05/15/1992	04/	23/1996	
**	lace of Business	2a. Mailing Address			4. FEI Number			plied For
Suite, Apt	# ote	Suite, Apt. #, etc.			65-0333182	<u> </u>	\$8.75 /	t Applicable
30110, 74%	π, υ.υ	27			<ol><li>Certificate of Status Desired</li></ol>		Fee Re	
City & State	0	City & State	<del></del>	····	6. Election Campaign Financing		\$5.00	<u></u>
23		28			Trust Fund Contribution		Added 1	
Zip	Country	Zip	Count	try	8. This corporation has liability (	or intangible	tax under s	199.032
24	25	29	[30]		Florida Statutes	X Yes	_ No	
***************************************	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered	Agent	
	DEL, PHILIP L		je	Name		•		
	7 GLADES RD		8	Street Add	dress (P.O. Box Number is Not Accep	table)		*****************************
	210		-	13		*****		··
BOO	CA RATON FL 33434		"	2				
			6	City		171	85 Zip (	Code
	0.707.07	100 and 1007 4100 Flaster Diet.				FL	( ahaaalaa is	to appletance
office or r agent 1 a	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was galions of, Section 607.0505, Fl	authorized orida Statu	by the corporates.	rporation submits this statement for thation's board of directors. I hereby ac	cept the app	ointment as	registered
OLOMBAT: 1227								
SIGNATURE	Signature typod or taipled name of maistured a	event and title if ancheable (NO	re-Bealstered A	Agent signalure regu	ulred when reinstalico)	DATE		
	Signature, typed or publied name of migistered a OFFICERS A			Agent signalure requ	ulred when reinstaling)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	IS IN 12
12.		gent and the if applicable (NO ND DIRECTORS DELETE	TE: Registered A		ulred when reinstaling)  ADDITIONS/CHANGES TO OF		DIRECTOR	IS IN 12
SIGNATURE  12. THEE NAME	OFFICERS A  D  NADEL, JOEL	ND DIRECTORS ,	13.	E T				
12. THILE	OFFICERS A  D  NADEL, JOEL  7777 GLADES RD STE 112	ND DIRECTORS ,	13. 1.1 TITU 1.2 NAM	E T				
12. THLE NAME	OFFICERS A  D  NADEL, JOEL	ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI	E IE			Change	Addition
12. THEE NAME STREET ADDRESS	OFFICERS A  D NADEL, JOEL 7777 GLADES RD STE 112 BOCA RATON FL D	ND DIRECTORS ,	13. 1.1 TITL 1.2 NAM 1.3 STRI	E IE FET ADDRESS '-\$1-ZIP				
12. THEE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A  D NADEL, JOEL 7777 GLADES RD STE 112 BOCA RATON FL D NADEL, PHILIP	NO DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 City	E IE EET ADDRESS '-\$1-7IP E			Change	Addition
12. THE NAME STREET ADDRESS CHY-ST-ZIP THE	OFFICERS A  D NADEL, JOEL 7777 GLADES RD STE 112 BOCA RATON FL D NADEL, PHILIP 7777 GLADES RD., STE. 112	NO DIRECTORS DELETE	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM	E IE EET ADDRESS '-\$1-7IP E			Change	Addition
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12. THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME	OFFICERS A  D NADEL, JOEL 7777 GLADES RD STE 112 BOCA RATON FL D NADEL, PHILIP 7777 GLADES RD., STE. 113 BOCA RATON FL VD NADEL, PHILIP	DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change ☐ Change	Addition  Addition
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