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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V49380

1. Corporation Name

(1)

## FILED May 20 1997 8:00am Secretary of State

Principal Place 10003-A NW 80 TAMARAC FL	3RD STREET	Mailing Address 10003-1 NW 83RD STREET TAMARAC FL 33321-1281	· · · · · · · · · · · · · · · · · · ·		
us		U\$		Date Incorporated or Qualified	3a. Date of Last Report
•				07/10/1992	05/15/1996
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21 18401	VIA DI VERONA	26		65-0353675	Not Applicable
Suite, Apt.	#, etc. RATON	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & Stato		6. Election Campaign Financing	\$5.00 May Be
23 FLO		28		Trust Fund Contribution	Added to Fees
24 334°C		Zip   <b>30</b>	Country		Maryes □ No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
LAYTON, ROBERT J JR 10031-1 NW 83RD STREET TAMARAC FL 33321			82 Street /	ROBERT J. LAYTOL Address (P.O. Box Number is Not Accepted 1840 L. V.I.A. D.I.	VERONA
11. Pursuant office or ragent. I a			he above-named orized by the corp i Statutes.	3 OCA RATON corporation submits this statement for the poration's board of directors. I hereby acc	FL 85 7ip Code 6
	Signature, typed or printed name of registered age			required when reinstaling)	DATE
<b>12.</b> TITLE	OFFICERS ANI	DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	LAYTON, ROBERT J JR	E vicci	1.2 NAME	LAYTON ROBERT	J v.R.
STREET ADDRESS	10003-1 NW 83RD STREET		1.3 STREET ADDRESS	18401 VIA DI VI	=RONA
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	BOCA RATON, F	=1
TITLE	Di	DELETE	2.1 1/TLE	חשי	Change Addition
NAME	LAYTON, JAMES	<b>i</b>	2.2 NAME	LAYTON JAMES	
STREET ADDRESS	10003-1 NW 83RD STREET		2.3 STREET ADDRESS	18401 VIA DI VEL	20 <i>N</i> A
CITY-SY-ZIP	TAMARAC FL	Í	2. 4 CITY - ST - ZIP	BOCA RATON, FI	<u>i.</u> .
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			\$.2 NAME		
STRÉET ADDRESS		1	\$.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		DELETE	1 TITLE		Change Addition
NAME			1.2 NAME		
STREET ADDRESS		J	4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	\$.1 TITLE		Change Addition
NAME			\$.2 NAME		
STREET ADDRESS		Í	5.3 STREET ADDRESS		(
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		□ DELETE	6.1 TITLE		L Change
NAME		J	B.2 NAME		j
STREET ADDRESS			6.3 STREET ADDRESS		
A.T. A	1		h a man . An a.u.		

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the region or under continuous report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the regions are movement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed to provide the continuous and the continuous continuous and the continuous con

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5-16-97 (561/883-3733