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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V57009

(5)

CAMBRIDGE CAPITAL MANAGEMENT, INC.

FILED
Apr 03 1997 8:00am
Secretary of State

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Dispusal Ola	one of Education	4.4.25						! <b>!</b>
	ace of Business	Mailing Address						. 81411 81811 1001
7777 GLADE	S HOAD	7777 GLADES ROAD SUITE 210			÷			
BOCA RATO	N FL 33434	BOCA RATON FL. 33434	4-4150					
US		US				<ol> <li>Date Incorporated or Qualified 08/12/1992</li> </ol>	3a. Date of L 04/23/19	
L	Place of Business	2a. Mailing Address				4. FEI Number	1 0 1, 20, 10	Applied For
21		26				65-0350456	<u> </u>	Not Applicable
Suite, Ap	t#,etc	Suite, Apt. #, etc.	***************************************				\$8.	75 Additional
22		27				5. Certificate of Status Desired		e Required
City & Sta	ate	City & State				6. Election Campaign Financing	\$5	.00 May Be
23		28				Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible tax und	der s. 199.032,
24	[25]	29	30				Yes No	
	9. Name and Address of Curr	ent Registered Agent	· · · · · · · · · · · · · · · · · · ·	L.,	, <del></del>	10. Name and Address of New Re	gistered Agent	
PH	IILIP L. NADEL			B1	Name			
77	77 GLADES RD			82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
SU	JITE 210							
BC	CA RATON FL 33434			83	, ,			
				84	Ca.		11	721-0-0-
			٠,	04	City		FL  85	Zip Code
<b>11.</b> Pyrsuan	to the provisions of Sections 607.0	502 and 607.1508, Florida Stal	tutes, the a	pove	named corp	poration submits this statement for the p		ing its registered
office or	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change wa ligations of Section 607 0505	is authorize: Florida Stat	d by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointmen	nt as registered
		igations of, beetion cor.coco,	i iorida otai	10163	<b>,</b>			
SIGNATURE	Signature, typed or punied name of registered a	ageot and tinc if applicable (N	OTE: Registere	d Apei	nt slonature reoul	red when reinstating)	DATE	***************************************
12.		IND DIRECTORS	13.	- <del>-</del> -		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
HILE	PD	DELETE	1.1 70	TLE			☐ Cha	
NAME	NADEL, PHIILIP		1.2 N/	AME				•
STREET ADDRESS			135	IRFF1.	ADDRESS			
CI1Y-S1-2IF	BOCA RATON FL			TY - \$1	ł			
TITLE	VD	DELETE	2.1 TI		,		☐ Cha	inge Addition
NAME	NADEL, JOEL		2.2 N/					
STREET ADORESS					ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2.4 C					i
TITLE	DOORTATORIE	DELETE	3.1 TI		01-ZIF		☐ Cha	nge Addition
NAME		F 201111	3.7 N		İ		الله الله	yo L. rodino)
					*DDDree			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. C 4.1 Ti		or ZIP		☐ Cha	nge Addition
NAME		CT DELLE	1		]		_ Cria	mgc L Addition
			4.2 N		1000000			1
STREET ADDRESS	1				ADDRESS			1
CITY-ST-ZIP		Deter	4.4 CI		T-ZIP		— — — — ж.	4 2 3 5 7 1
TITLE		DELETE	5.1 Tr				☐ Cha	inge 🔲 Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CHLY - ST - ZIP			5.4 C)	14-S1	T-2/P		· · · · · · · · · · · · · · · · · · ·	
THILE		DELETE	6.1 Ti	TLE			☐ Cha	nge 🔲 Addition
NAME			6.2 NA	AME				
STREET ADDRESS			6.3 \$1	REET ,	ADDRESS			
CCTY-ST-7/P			6.4 CI					
14. do here	eby certify that the information suppl	ied with this filing does not qua	alify for the	exer	mption stated	d in Section 119,07(3)(i), Florida Statute	s. 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 12 or Block 12 or on an attachment with an address.

SIGNATURE: