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 # V58465

(8)

1. Corporatio				(-)					<u>2</u> 12		
Principal Place of Business Mailing Address							- 1 300 11 011001 01801 1014 18401 8110 1		il: Bibil Bibil Cibil		
10849 GLENEAGLES ROAD BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436-4820											
								3. Date Incorporated or Qualified 08/17/1992	3a, Date of Last Report 05/01/1996		
2. Principal Place of Business 21			2a. Mailing Address					4, FEI Number 65-0378467		├ ──	oplied For ot Applicable
Sulte, Apt.	#, etc.			Suite, Apt. #, etc.							Additional
22			27	27				5. Certificate of Status Desired			equired
City & State	е			City & State				6. Election Campaign Financing	•	\$5.00	May Bo
23			28					Trust Fund Contribution Added to Fees			
Zip	Country			Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes			
24	25 9. Name and Address of Curre		- انتناب			30		10. Name and Address of New F			
НАУ	ES, SHELE				B1	i Ti	Name	10. 114110 4110 710410 01 71011		- 71go	<u>-</u>
10849 GLENEAGLES ROAD						2 3	Stroot Addro	ess (P.O. Box Number is Not Accept	ablal		
BOYNTON BEACH FL 33436								uss (r.o. box number is not accept	auicj		
					83	'					
					84	1	Dity		F	85 Zip	Code
11. Pursuant to	to the provis	ions of Sections 607.05 ent, or both, in the State	02 and 607 e of Florida	7.1508, Florida Statut Such change was	les, the abov	/e-n	amed corpo	oration submits this statement for the on's board of directors. I hereby acc	purpose	of changing it	s registered registered
	m ita miliar wi	th, and accept the oblig	gations of,	Section 607.0505, Fl	orida Statute	s.	·	,	•		
SIGNATURE	Signature, typed	or printed name of registered as	gent and title if	aj přicable (NO)	II · Registered Ag	ent e	signature require	d when reinstating)	DATE		
12.		OFFICERS AN	ND DIRECT		13.			ADDITIONS/CHANGES TO OFF	ICERS A		
TITLE	P	A1151 B17		□ DELETE	1.1 TITLE					Change	Addition
NAME	HAYES, SHELBY										
STREET ADDRESS	BAWAITAN BELANTE			•			DRESS				
CITY-ST-ZIP	BUTNIU	N DEAUN FL		DELETE	1.4 CITY-	S1-Z	riP			— <u>— </u>	T Address
TITLE				L. Detete	2111111		- }			Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREE		1	•			
CITY-ST-ZIP TITLE				DELETE	2. 4 CITY- 3.1 TO LE	SI-	ZIP			Change	Addition
NAME					3.2 NAME						riadilion .
STREET ADDRESS					3.3 STREE		DRESS	:			
CITY-ST-ZIP					3.4. CITY-						
TITLE				DELETE	4.1 TOTLE		···			Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREE	1 ADI	DRESS				
CITY-ST-ZIP					4.4 CITY-	ST-Z	'iP				
TITLE				DELETE	5.1 11TLE					Change	Addition
NAME					5.2 NAME				1		
STREET ADDRESS					5.3 STREE	i adi	DRESS				
CITY-ST-ZIP					5.4 CITY-	S1 - 7	IP .				
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME		1				
STREET ADDRESS					6.3 STREE	T ADI	DRESS				

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 angular object or supplemental annual point 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and their my name appears in Block 12 or block 13 if project, of on an attachmost with an address.

SIGNATURE:

FILED

Apr 14 1997 8:00am

Secretary of State