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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF ISTATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V67366

(7)

Principal Place of Business Mailing Address 1198 S.E. MENORES AVE. PORT ST. LUCIE FL 33477 US Mailing Address 1198 S.E. MENORES AVE. PORT ST. LUCIE FL 34952-3359 US										
							 Date Incorporated or Qualified 09/29/1992 		e of Last 5/1996	Report
L. Principal Place of Business Suite, Apt. #, etc.			26. Mailing Addr	ress			4. FEI Number 65-0364026) +	Applied For Not Applicabl
			Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 Additional Fee Required	
City & St	tate		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 4		Country 25	Z _{(P}	30	Country			Yes 🗜	No	s. 199.032,
Name and Address of Current Registered Agent						· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent			
LE	NZ, RONALD) L.			81	Name				Ä
165 RIDGE RD. JUPITER FL 33477					82 Street Address (P.O. Box Number is Not Acceptable)				0	
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										if "
					84			FL	1 1	Code
		sions of Sections 607.05 gent, or both, in the Stat ith, and accept the obli	502 and 607.1508, Flori te of Florida. Such char gations of, Section 607.	da Statutes, t nge was auth 0505, Florida	1 1		poration submits this statement for the ation's board of directors. I hereby acc	FL purpose of ept the appo	1 1	Code
SIGNATURI	E	to prerved name of registered a	gent and little if applicable		he above orized by Statutes	named cor the corpora	ired when reinstating)	DATE	changing intment a	its registered
SIGNATURI 1 2 ,	E	to prerved name of registered a	gent and lifle if applicable	(NOTE: Rec	he above orized by a Statutes patered Age 13.	named cor the corpora		DATE	changing intment a	its registered s registered
GNATURI 2. ILF	Signature typed	or princed name of registered a OFFICERS A	gent and little if applicable	(NOTE: Rec	he above orized by a Statutes pstered Age 13.	named cor the corpora	ired when reinstating)	DATE	changing intment a	its registered presented in the second presented present
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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 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 constraint 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 13 if changes or on the accurate and dress.

4.4 CITY-ST-ZIP

5 3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

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NAME

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Apr 28 1997 8:00am

Secretary of State

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