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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P. A. B.			3-2629	
				3. Date Incorporated or Qualified
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
1		26		65-0270791 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
3		28		Trust Fund Contribution Added to Fees
Z)p 4	Country 25	Zip	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\simega\) No
	9. Name and Address of Curre		1301	10. Name and Address of New Registered Agent
	RNDT, PHILLIP A.		81 Name	
	106 STRATHEARN DR.		82 Street	Address (P.O. Box Number is Not Acceptable)
DEL	LRAY BEACH FL 33446		63	
			84 City	85 Zip Code
			1 1 1	<b>FL</b>   1   1
1. Pursuant office or anent La	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with and accept the oblid	02 and 607,1508, Florida Statu e of Florida. Such change was nations of Section 607,0505. F	ites, the above-named authorized by the co- lorida Statutes	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	and the transfer of the stand	gament of account out account	To the contract of	
	Signature by ed or pointed harne of registered as	pert and tille it applicable (NO ND DIRECTORS	TE Registered Agent signatur	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<b>2.</b> III f	D OFFICERS AF	DELETE	1.1 TITLE	Change Addition
IAME	BERNOT, PHILLIP A.		1.2 NAME	
TREET ADDRESS	15306 STRATHEARN DR		1.3 STREET ADDRESS	
ity - St - 7IF	DELRAY BEACH FL	- I or or or	1.4 CITY - ST - ZIP	
ITLE	D BERNDT, FELICE H.	DELETE	2.1 TITLE 2.2 NAME	Change Addition
AME TREET ADDRESS	15306 STRATHEARN DR		2.3 STREET ADDRESS	
ITY ST-ZIP	DELRAY BEACH FL		2 4 CITY-ST-ZIP	
IFLI		DELETE	3.1 TITLE	☐ Change ☐ Addition
IAME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
ITY - ST - ZIP ITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
AME	1	- Diffi[	4. 2 NAME	C Oracido C Manual
THEET ADDRESS	,		4.3 STREET ADDRESS	
ITY SI-ZIP			4.4 CITY-ST-ZIP	
ili.E	}	DELETE	5.1 TITLE	Change Addition
AME			5.2 NAME	11/102197
IRFET ADDRESS			5.3 STREET ADDRESS	H / 4/2/17
ITY-ST-ZIP TLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Lange
AME		- Detect	6.2 NAME	100002156首含扩 <sup>renge 口 Addition</sup> -04/28/9701101002
REET ADDRESS			6.3 STREET ADDRESS	-04/28/9(01101002
Ty - S1 - ZIP	}		6.4 CITY - ST - ZIP	***330.00
4. I do here	by certify that the information supplied in indicated on this secural second of	ed with this filing does not qua	lify for the exemption	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
l am an c	officer or director of the opporation of in Black 12 or Black 3 changed,	or the receiver or trustee empo or on an attachment with an ac	wered to execute this dress.	id that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

Secretary of State

Apr 24 1997 8:00 am

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