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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

601402

NIELSEN, BARRETT, FOLSOM & MOUM, P.A.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 445 SOUTH FEDERAL HIGHWAY 445 SOUTH FEDERAL HIGHWAY **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1969 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 Not Applicable 59-1276754 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zıp Źio Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No 25 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NIELSEN, LOUIS T 445 S FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent e-gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME BARRETT, JAMES M. 1.2 NAME 445 S. FEDERAL HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-\$T-ZIP DELETE TITLE Change Addition ₽D 2.1 TOTLE NIELSEN, LOUIS T. 2.2 NAME NAME 445 S. FEDERAL HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** DITY-\$1-21P 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FOLSOM KENNETH J. NAME 3.2 NAME STREET ADDRESS 445 S. FEDERAL HIGHWAY 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME MOUM, ERIC E 4.2 NAME 445 S. FEDERAL HWY STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Channe Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE 61 Title Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this fiting 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 human poof 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 typicer or interest employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or on an attachment will yet an address. Block 12 or Block 13 il changed, or on an

SIGNATURE