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 #**

686730

(3)

- 1.1 · · · · · · · · · · · · · · · · · ·	AND AND CONSTRUCT							
Principal Plac		Mailing Address					41411 41411 91	M14 BINT 1881
4657 SUGAR PINE DRIVE C/O RICHARD A. POPE BOCA RATON FL 33487		4657 SUGAR PINE DRIVE C/O RICHARD A. POPE BOGA RATON FL 33487				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
- <u> </u>			T-1			09/05/1980		
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt.	4 ata	26 Suito Apl # of	Suite Apt. #, etc.			59-2049423		Not Applicable
22		27				5. Certificate of Status Desired		Additional Required
City & Stat		City & State	28			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip 24	Country 7(p		30 Cot	Country		 This corporation owes or has paid the or Personal Property Tax due June 30. 		ntangible
	9. Name and Address of Curi		[50]	· · · ·		10. Name and Address of New Registers		
POPE, RICHARD A. 4657 SUGAR PINE DRIVE BOCA RATON FL 33487				82 83	Street Ad	ddress (P.O. Box Number is Not Acceptable)		Orde
				1	•	F		Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-					orporation submits this statement for the purpose oration's board of directors. I hereby accept the apparent when reinstating)	of changing opointment a	its registered is registered
12.		AND DIRECTORS	13.	o Ago	in signature le	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	PT	DELETE		TLE			Change	
NAME	POPE, RICHARD	OPE, RICHARD		1.2 NAME			•	_
STREET ADDRESS			1.3 \$1	1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CI	1.4 CITY-ST-ZIP				
TITLE	VS	☐ DELETE 2.1		2.1 TITLE			Change	Addition
NAME	POPE, SUSAN D. 22		2.2 N/	2.2 NAME				
STREET ADDRESS			2.3 \$1	2.3 STREET ADDRESS				
CITY+ST-ZIP	BOCA RATON FL		2.40	ITY-S	7-21P			
TITLE		DELET	TE 3.1 TH	TLE			☐ Change	☐ Addition
NAME			3.2 NA	ME				

6.4 CITY-ST-ZIP 14. I 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 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 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

DELETE

□ DELETE

DELETE

Change

__ Change

Addition

Addition

Addition

FILED

Mar 18 1998 8:00am

Secretary of State

561-994-8646