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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9400000571 (9) DOCUMENT # F

FILED May 13 1998 8:00am Secretary of State

	CONFORMION										
Principal Plac	e of Business	Mai	ling Address				i iabiiāš tijs iatri alaii saliti natri al			14061 1161 1601	
290 CREEKSIDE DR. 290 CREEKSIDE DR. BUFFALO NY 14228-2070 BUFFALO NY 14228-2070											
DUFFACO IN	1422-2010	<i>D</i> 0	11 NLO 11 14220-20	•			DO NOT WRITE	IN THIS	SPACE		
							3. Date Incorporated or Qualified 02/07/1994				
	Place of Business	2a.	Mailing Address				4. FEI Number			Applied For]
21		26					16-1290939		+	Not Applicable	1
Suite, Apt. #, etc.			Suite, Apt #, etc				5. Certificate of Status Desired		T	Additional Required	
City & Stat	<u> </u>		City & State				Election Campaign Financing		——————————————————————————————————————		┨
23		28	only & binit				Trust Fund Contribution			May Be	
Zip	Country		7φ	Coun	try		8. This corporation owes or has p				1
24	25	29		30			Personal Property Tax due June		Yos	☐ No	1
	g, Name and Address	of Current Registe	red Agent				10. Name and Address of New Ro	gistered	Agent]
BO	YD, BURDIS			1	it N	ame					
	80 SCHERER DRIVE			};	12 St	reet Addre	ess (P.O. Box Number is Not Accepta	ble)			1
ST	. Petersburg FL 3371	6		L				<u> </u>			1
				'	3						
				T	4 C	ty			85 Zi	p Code	1
dd Dwynost	to the provinters of Continu	. 607.0(00	7 10 On Election State	utoo the ab	1		oration submits this statement for the	FL		r ito samiatorod	-
office or	regi ster ed agent, or both, in	the State of Florida	r. Such change was	authorized	by the	corporati	on's board of directors. I hereby acce	purpose o pt the ap r	ointment	as registered	
1	am familiar with, and accept	the obligations of,	Section 607.0505, I	Iorida Statu	tes.						1
SIGNATURE	Signature, typed or painted name of a	egistered agent and tite if	applicated (No	JL: Rog stered	\gent sig	nature require	od when reinstating)	DATE			-
12.	OFF	CERS AND DIRECT		13.	<u> </u>		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12	le
TITLE	CCEO		DELETE	1.1 TITL	F				Chang	e Addition	100
NAME	BANSAL, RAVINDER	K PHD		1.2 NAN	IE						7
STREET ADDRESS	290 CREEKSIDE DR.			1.3 STR	ET ADDI	ESS					R2F034
CITY-ST-ZIP	BUFFALO NY			1.4 CiTy	- ST - ZIP						15
TITLE	V COMMAND F		☐ DELETE	2.1 T(TL		- {			Chang	e L Addition	C
NAME	VRANA, EDWARD E			2.2 NAN	E						
STREET ADDRESS	290 CREEKSIDE DR.	0070		23 STR	ET AODE	ESS					-
CITY-ST-ZIP	BUFFALO NY 14228-	20/U	Delete		/- ST - ZII	<u> </u>			<u> </u>		-
TITLE	PCOO PRIEST, JOSEPH L		☐ DELETE	3.1 TITL					Chang	e Addition	
NAME	290 CREEKSIDE DR.			3.2 NAN							
STREET ADDRESS	BUFFALO NY			1	ET ADDE	1					}
CITY-ST-ZIP TITLE			DELETE	3.4. CIT 4.1 TITL	(- ST - ZII	<u></u>			Change	e Addition	1
NAME			L DELLE	4 / I I II L					Onady	- Dynama	
STREET ADDRESS					ET ADDE						\
						- 1					
CITY-ST-ZIP TITLE			DELETE	5.1 TITE	- ST- ZIP				Chang	e Addition	1
NAME				5.2 NAN		}					
STREET ADDRESS					ET ADDE	iess					
CITY-ST-ZIP				5.4 CITY							
TITLE			DELETE	6.1 Tril		 			Change	e Addition	1
NAME	ι		Land Departure		•				L Criaing		ι
INAME	•		LLI DELETE	6.2 NAN					Change	, Modition	
STREET ADDRESS			Land Debutt	6.2 NAM		ESS			Crang	, Madicion	

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 trustors impowered 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 earning the receiver of trustors in address.