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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 16 1998 8:00am Secretary of State

	MENT # G119 on Name ENTON SAYLER, P.A.	990 (0)			iii Birii ririi birii birii birii hal
Principal Plac	ce of Business	Mailing Address			itt manna nemati nanta mama filma
1001 N. U.W.	. HWY ONE	1001 N. U.W. HWY ONE			
SUITE 702		SUITE 702		DO NOT WORK IN THE	00405
JUPITER FL 33477 US		JUPITER FL 33477 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
		55		12/06/1982	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2237392	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Cily & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	├ı `	30	8. This corporation owes or has paid the or Personal Property Tax due June 30.	Irrent year Intangible ☐ Yes ☐ No
47	9. Name and Address of Cu		301	10. Name and Address of New Registered	
SA	YLER, LEE BENTON		81 Name		
1001 N. U.S. HIGHWAY ONE		82 Street Add	Address (P.O. Box Number is Not Acceptable)		
SUITE 702		GE GIICOT AGG	reds (F.O. BOX Nambol   B Not Acceptable)		
JU	PITER FL 33477		83		
			84 City		85 Zip Code
				FI	<b>-</b> [ ]
office or agent. I a	Tes 1).	<b>-</b>			pointment as registered  0 - 2 2
12.	Signature, typed or printed name of wall use	AND DIRECTORS (NOTE	: Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHAIVELS TO OFFICERS AN	Change Addition
NAME	SAYLER, LEE B.		1.2 NAME		
STREET ADDRESS	1001 US HIGHWAY ONE	<b>#</b> 702	1.3 STREET ADDRESS		]
CITY-ST-ZIP	JUPITER FL		1.4 CiTY-ST-ZIP		
TITLE		☐ DELET <b>E</b>	2.1 TITLE		Change Addition
NAME			2.2 NAME		Ì
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		DELETE			
NAME		DELETE	4.1 TITLE		
NAME		☐ DELETE	4. 2 NAME		change resulten
STREET ADDRESS		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS		change / callion
		☐ DELETE	4. 2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<i>:</i>	☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

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 incloated on this annual report or supplemental aerusal 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 inachment with an address.