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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

J18584

(9)

ALAN RICHARD SIMON LAW OFFICE CHARTERED ATTORNEY										
Principal Plac	e of Business	Mailing Address								
2255 GLADES N.			7305			DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualified					
2 Principal B	lace of Business	2a. Mailing Address		_ .			0/1986 Imber			Applied For
21		26			Ī		2205323		-	Vot Applicable
Suite, Apt. #, etc.		Suite, Apt, #, etc.	 				·			Additional
22		27				5. Certifi	cate of Status Desired			Required
City & State	e	City & State				6. Election	on Campaign Financing		\$5.00	May Be
23		28					und Contribution			to Fees
Zip	Country	Zip	Country	Y	-		orporation owes or has p		_ ′	
24	25 9. Name and Address of Current		30				nal Property Tax due Jun and Address of New R			□ No
City		negistered Agent	81	Name		IU. Ivairie	and Address of Helf II	cgiatered	Ağent	
SIMON, ALAN RICHARD 2255 GLADES RD.				<u> </u>						
SUITE 226-ATRIUM			82	Street	Address	(P.O. Bo	Number is Not Accepta	ible)		
BOCA RATON FL 33417305			83							
			84	City				FI	85 Zip	Code
11. Pursuant	e-named	corpora	tion subm	its this statement for the		f changing	its registered			
office or r agent, I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on In familiar with, and accept the obligat	of Florida. Such change was a lons of, Section 607.0505, Flo	uthorized by orida Statute	y the corp s.	poration'	s board o	f directors. I hereby acce	ept the app	oointment a	s registered
SIGNATURE	Signature, typed or printed name of registered agent	and life if anylinetic (SIOT)	E: Registered Ag	ant almost as	o serviced	haa solootutla		DATE		
12.	OFFICERS AND		13.	enit signature	e radured w		ONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	С	DELETE	1.1 TITLE		Ī				Change	Addition
NAME	SIMON, ALAN RICHARD		1.2 NAME	1.2 NAME						ļ
STREET ADDRESS	ACCURATE OF ALCOHOLDS			1.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP						
TITLE	D DELETE		2.1 TITLE	2.1 TITLE					Change	Addition
NAME	SIMON, ALAN RICHARD		2.2 NAME	2.2 NAME						
Street address	2255 GLADES RD., SUITE 226-ATRIUM		2.3 STREET	2.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL			2. 4 CITY-ST-ZIP						
TITLE	PST	☐ DELETE	3.1 TITLE		ade	d b	totstle		L Change	Addition
NAME	SIMON, JEANE KRAMER				<u> </u>		• • • • • • • • • • • • • • • • • • • •			ſ
STREET ADDRESS	2255 GLADES RD, SUITE 226-ATRIUM		3.3 STREET ADDRESS		}				1	
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-	ST-ZIP	<u> </u>		· · · · · · · · · · · · · · · · · · ·		Channa	Addition
TITLE			4.1 TITLE]				Citaliye	Addition
KAME			4. 2 NAME		İ				•	•
STREET ADDRESS			4.3 STREET		ļ					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-ZIP			<u>.</u> .		Change	Addition
NAME			5.2 NAME						31161395	
STREET ADDRESS				ADDRESS	l					
CITY-ST-ZIP	_		4	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP						
TITLE		☐ DELETE	6.1 TITLE		 				Change	Addition
NAME		-	6.2 NAME						3-	_
STREET ADDRESS			6.3 STREET	ADDRESS						ľ
0.774 07 717				w	l					+

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 geort 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 thistee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual geort 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 of 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 geort 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 of the corporation of the receiver of 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 geort 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 of the corporation of the corporat