**PROFIT CORPORATION ANNUAL REPORT** 



## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS**

1. Corporation	MENT # J73960 EL, INC.	(3)			
Principal Plac	e of Business	Mailing Address		- 1 1941119 Alft jange jilia jalit alfti anti dinit a	idis dibit bibit bibit gebit idat
1100 LINTON BLVD P O BOX 4727					
8TE C-9		PORTSMOUTH NH 03602		DO MOT WEITE MATE	WO 60 4 OF
DELRAY BEAC	SH FL 33444	US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 05/21/1987	
2. Principal P	lace of Business	2a. Mailing Address_	<del>18 ±81</del>	4. FEI Number	Applied For
21	add of Eddinosa	26 (000 Mar	ket St	NOT APPLICABLE	Not Applicable
Suite, Apt	#, etc.	Suite, Apt, #, etc.	KC C OI	_	\$8.75 Additional
22		27 131da l		5. Certificate of Status Desired	Fee Required
City & State	θ	City & State	احد الما	6. Election Campaign Financing	\$5.00 May Be
23		28 YO/TSMOU		Trust Fund Contribution	Added to Fees
Zip	Country	702001	Country	8. This corporation owes or has paid the	_ ' _ `
24	25		30	Personal Property Tax due June 30.	Yes No
<u> </u>	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Registers	M Agent
Ornioja (ECO) (NOTATO 1).			Name		
1100 LINTON BLVD STE C-9			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33444			83		<del></del> .
OLI	ENAT BENOTITE 33444				
			<b>84</b> City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the above-named corp		
office or re agent. I a	<b>egiste</b> red agent, or both, in the state of <b>m fam</b> iliar with, and accept the obligation	Florida: Such change was au ons of, Section 607.0505, Flor	utnorized by the corporati ida Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent	······································	Registered Agent signature require		
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME .	WALSH, MARK	_ bttell	1.2 NAME		
STREET ADDRESS	1100 LINTON BLVD.,STE C-9		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	2.1 TITLE		Change Addition
NAME	WALSH, MICHAEL		2.2 NAME		
STREET ADDRESS	1100 LINTON BLVD. ,STE C-9		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3 1 TITLE		Change Addition
NAME	MCMURRAIN, THOMAS T.		3.2 NAME		
STREET ADDRESS	1100 LINTON BLVD. ,STE C-9		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	Douge	3.4. CITY - ST - ZIP		
TITLE	<b>Cri</b> tchfield, Richard H.	☐ DELET <b>e</b>	4.1 TITLE		Change Addition
NAME	1100 LINTON BLVD. ,STE C-9		4. 2 NAME		
STREET ADDRESS	DELRAY BEACH FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DEGINI DENOTITE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		DELETE	6.1 TiTLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exemption stated in trate and that my signature	Section 119.07(3)(i), Florida Statutes. I further e shall have the same legal effect as if made	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 articless.					