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

CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 **DOCUMENT #** POSOCOLASESO (E)

## **FILED** May 05 1998 8:00am Secretary of State

	COMPANY, INC.				
Principal Place	e of Business	Mailing Address			i Bratil dribar attrib Harr Affer Ibar
WEST PALM BEACH FL 33417 WEST PALM BEACH FL					
			33417	DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	
				06/16/1993	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0418922	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, A			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
<b>Z</b> ip	Country	Zip	Country	8. This corporation owes or has paid the	<del></del>
24	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No
	g, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent
ABI	EL <b>SO</b> N, WARREN		81 Name		
2295 SARATOGA LANE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33409			83	, , ,	
			[83]		
			84 City		85 Zip Code
SIGNATURE	Signature, typed or printed marke of regularies a	FON) step though the trace to t	Registered Agent's gnature rec		E
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PTD ABELOOM WARDEN	[1] DETER	1.1 TOLE		Change Addition
NAME Street address	ABELSON, WARREN RESS 2295 SARATOGA LANE		1.2 NAME		
CITY-ST-ZIP	WEAT BALL BELOW EL ALLOS		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	SD SD	DELETE	2.1 TITLE		Change Addition
NAME	ABELSON, MARY A		2 P NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334	409	2 4 CITY - S1 - ZIP		
TITLE	. <u></u>	DELETE	3 ) TITLE		Change Addition
NAME			. 3.2 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			. 4. 2 NAME		ı
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		·	44 CITY - ST - ZIP		·
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP		Oriese	5.4 CITY-ST-ZIP		Change Later
TITLE		DELETE	6.1 TITLE		Change Addition
NAME PROCET ADDRESS			6.2 NAME		ı

14. Thereby 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 veceiver of trustocympowered 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 SIGNATURE: