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**

1. Corporation	IMENT # P930(CLAY, SLONE & PHILLIPS, I	00050570 (9) inc.			(8) 8(1) 88(8) 8(1) 1800 880 180
Principal Place of Business Mailing Address					
410 SE 12TH AVENUE POMPANO FL 33060 US		410 SE 12TH AVENUE POMPANO BEACH FL 33060 US		DO NOT WRITE IN TH	HS SPACE
	_			3. Date Incorporated or Qualified 07/12/1993	
<u> </u>	Place of Business	2a. Mailing Address	,	4. FEI Number	Applied For
21		26		65-0422793	Not Applicable
Suite, Apt		Suite Apr. 7 Stoll		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
į (Burdick, Geoffrey C		81 Name		
324 DATURA STREET WEST PALM BEACH FL 33401			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
,	TEST TREM DESIGN TE COTO		83 54		
	-		84 City		85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	22 and 607,1508, Florida Statute: of Florida. Such change was au	s, the above-named corp uthorized by the corporati	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered age				
12.	OFFICERS AN		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTSD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	WHITNEY, DONNA		1.2 NAME		
STREET ADDRESS	410 SE 12TH AVENEU		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP		
TITLE		DELET E	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	· • •	
CITY-ST-ZIP		Decemen	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME Street address			3.2 NAME		
***********			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZiP		Change Addition
NAME			4. 2 NAME		C Orlange C Audition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	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-7IP		1

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 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 address.

FILED

Mar 03 1998 8:00am

Secretary of State