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

J	MENT # P9400(n distinguished voyage					
Principal Plac	e of Business	Mailing Address			- 1 (00/100) 110 (3111 0101) 00111 00111 00111 00101 10110 1011	II DIBAT HIND BIN 1991
1212 US HIGHWAY ONE COVE PLAZA SUITE J N PALM BCH FL 33408		1212 US HIGHWAY ONE COVE PLAZA. SUITE J N PALM BCH FL 33408		DO NOT WRITE IN THIS SPA	CE	
US		US			3. Date incorporated or Qualified 12/09/1994	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Same as above		26 Same as above			65-0538775	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional
22 City & Stat	9	City & State				Fee Required
23	6	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pald the current	
24	25	29 3	0		Personal Property Tax due June 30.	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Age	nt
[ED	GARDO, DENSI		81	Name	Edgardo Sensi	
110 STILLWATER CIRCLE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
JUPITER FL 33458			63			
			63			
			84	City	FL ^{[8}	5 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I be state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar that and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Ed Sensi President 3-17-98						
SIGNATURE	Signature, typed or a mind name of registered ager	of and little if applicable (NOTE: R	Repistered Ager	nt signature require	nt 3-17-98 ad when reinstailing) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	
TITLE	P	☐ DELETE	1.1 TITLE		LJ	Change
NAME	EDGARDO, SENSI		1.2 NAME			
STREET ADDRESS	110 STILLWATER CIRCLE		1.3 STREET			Ì
CITY-ST-ZIP	JUPITER FL 33458	DELETE.	1.4 CITY-ST	r-zip		Ohan an Addition
TITLE		בין הברבוב	2.1 TITLE		L	Change
NAME CINCIT ANDRESS			2.2 NAME	ADDDECC		l
STREET ADDRESS			2.3 STREET A			
CITY-ST-ZIP TITLE	L <u></u>	DELETE	2. 4 CITY - S 3.1 TITLE	1-41	,,	Change Addition
NAME			3.2 NAME			• =
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	address		ĺ
CITY-ST-ZIP			4.4 CITY - ST	r-ZIP		
TITLE		DELETE	5.1 TITLE			Change
NAME			5.2 NAME			1
Street address			5.3 STREET A	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST	- ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	6.1 TITLE			Change

CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 appears in with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Ed Sensi, Pres.

3-17-98

(561)691-9942

FILED

Mar 24 1998 8:00am

Secretary of State