## 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

DOCUMENT # P9500000017 (0)

O'HAIRE, QUINN & CANDLER, CHARTERED

## FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							AR BUIN BURUT III	BII 1881 1881	
3111 CARDINAL ORIVE PO BOX 4375									
VERO BEACH	FL 32963	VERO BEACH FL 329	VERO BEACH FL 32964			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
		in the state of th	···		····	12/30/1994			
	lace of Business	2a. Mailing Address				4, FEI Number	1 1	pplied For	
21	# 410	26 Cuita Ast 4 ata				65-0549320		ot Applicable	
Sulte, Apt.		Suite, Apt #, etc.	27			5. Certificate of Status Desired	Fee Required		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23	<del></del>	28				Trust Fund Contribution			
Zip	Country	Zip	Country			8. This corporation owes or has paid the c		1	
24	9. Name and Address of Curr	ant Registered Agent	30			Personal Property Tax due June 30.  10. Name and Address of New Registerer		No	
04	···	ent negisteren Agent		81	Name	10. Haine and Address of New Degistered	1 vAaur		
	NDLER, RICHARD B								
	I1 <b>Cardinal dr</b> R <b>o Be</b> ach Fl 32963		82 Street Add		ress (P.O. Box Number is Not Acceptable)				
				83					
				64	City	F	85 Zip	Code	
11. Pursuant to the provisions of Sections 607 (602 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
10	Signature, typed or printed name of registered a	ND DIRECTORS	NOTE Registered	1 Ago	nt signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIBECTO	DC IN 12	
12. TITLE	P	DELETE	1.1 II	î i F		ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition	
NAME	O'HAIRE, MICHAEL		1.2 N						
STREET ADDRESS			-	ADDRESS					
CITY-ST-ZIP	VERO BEACH FL 32963			IY-S					
TITLE	VP	DELETE	2.1 1				Change	Addition	
NAME	ALMINI JEDOLIE D			2.2 NAME			- •	_	
STREET ADDRESS	308 LIVE OAK RD		2.3 STREET ADDR		ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32963		2. 4 CITY-ST-ZIP						
TITLE	The second secon		3.1 TI				Change	Addition	
NAME	CANDLER, RICHARD B		3.2 N/	<b>IME</b>					
STREET ADDRESS	1718 34TH AVE		3.3 S1	REET	ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32960		3.4. C						
TITLE	<u></u>	DELETE	4.1 10				Change	Addition	
NAME			4. 2 N	AME					
STREET ADORESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 Ci						
TITLE		☐ DELFTE	5.1 70				Change	☐ Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 \$1	REET	ADDRESS			+	
CITY-ST-ZIP			5.4 CF	TY-S	1 - ZIP				
TITLE		DELETE	6.1 TI				Change	Addition	
NAME			6.2 N/	Mf.					
STREET ADDRESS			6.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			6.4 CI						
44 I becoby	south that the intermention arms back	with this filips, does not avail	fu for the ove	mn	lion stated in	Conting 110.07/9\/i) Elorida Statutos I furlhar.	cortify that the	information	

I hereby certify that the information sup-indicated on this annual report or suppli officer or director of the corporation or Block 12 or Block 13 if changes, or on does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ce empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in