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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

6040 LAKE WORTH ROAD LAKE WORTH FL 33463

2. Principal Place of Business

Suite. Apt. #. etc

22

23

24

Zip

SIGNATURE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

P95000001111

26

JAMES J. DONOVAN, CPA 1

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

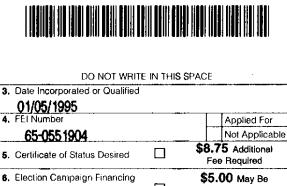
Signature: typind or printed hand, of registered agent and the Trappicable (NOTE: Registered Agent signature required when reinstating)

DELETE

6040 LAKE WORTH ROAD

LAKE WORTH FL 33463

FILED May 07 1998 8:00am Secretary of State



Change

400002520874 -05/12/98--01088--032

City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Źφ Country Country 8. This corporation owes or has paid the current year Intangible □ No Yes Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DONOVAN, JAMES J 6040 LAKEWORTH ROAD Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 83 City 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, 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.

12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change ■ Addition TITLE **DONOVAN, JAMES J** NAME 1.2 NAME **6040 LAKE WORTH ROAD** STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 33463 CITY - ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Channe TITLE 2.1 TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 City - St - ZiP DELETE Change ■ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-\$7-ZIP TITLE DELETE 4.1 TITLE Change Addition | NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

***150.00 6.4 CITY - ST - ZIP 14. Thereby 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ch an address

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS