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

	MENT # P95000 VILLE CONSULTING CORE	=)		ARAK ARAK ARAK HARAK KIM KAN
Principal Place of Business Mailing Address					88481 85544 1 88 44 (8 888 (1)) 1 88 1
7040 W. PALA SUITE 2-500 BOCA RATON	METTO PARK ROAD FL 33433	7040 W. PALMETTO PA SUITE 2-500 BOCA RATON FL 33433	-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1995	
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 26			65-0550701	Not Applicable	
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
22				6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	 Name and Address of Currer MASELLO, DEBRA 	nt Registered Agent	81 Name	10. Name and Address of New Register	ad Agent
ВО	TE 2-500 CA RATON FL 33433 of the provisions of Sections 607.050 epistered agent, or both, in the State in familiar with, and accept the oblig	12 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	84 City Ites, the above-named co-authorized by the corpor lorida Statutes.	rporation submits this statement for the purposalion's board of directors. I hereby accept the a	85 Zip Code e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable (NC	TE: Registered Agent signature req	uired when reinstaling) DAT	<u> </u>
12.	····	D DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PS	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOMASELLO, DEBRA		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		C Change C Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-5T-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 YITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 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			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 suppliemental 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 of 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 of on an attact that my name address.

FILED

Apr 07 1998 8:00am

Secretary of State