FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA-DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED May 11 1998 8:00am

	1998			DIVISION OF	CORPORAT	IONS	Secretary of State		
DOCU	MENT #								
1. Corporatio	in Name	notive.	7 58 (MUE	BOU	A RATA	NINC		
MAI	1 x w 101	101116.	7. J. J.				" '		
		5000							
Principal Plac	N.M.	24th St	Mailing A	Scaress 50	xm	_			
	•	on, FL					DO NOT WRITE I	NITHIS SPACE	
221	L NU.					3. Date incorporated or Qualified 1995			
2 00 points	Place of Business		2a. Mailin	o Addrose			4. FEI Number	1145	- U- I Fax
2. Principal P	race or business		26	y Abdr es s			65-05 72 75	,	pplied For ot Applicable
Suite, Apt	#, etc.		⊢ ,	Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State	e		27 City 8	State			6. Election Campaign Financing		equired May Be
23			28					_	to Fees
Zip 24	25	Country	Zip		Count	ry .	8. This corporation owes or has paid Personal Property Tax due June 3		tangible DNo
24		Address of Current	Registered A	gent	1301		10. Name and Address of New Regi		
1)/	ave F	'olichei	α		8	Name			
10	7 5 5	5+h	AUP		8:	Street Add	ress (P.O. Box Number is Not Acceptable)	
				07/10	~) 8:	3			
$D\epsilon$	erray	Beach	, th	3341	(ン	1 City		85 Zip	Code
						4	cratical a basic this statement to the		
office or re	egistered agent, d	or sections 607,0502 or both, in the State o nd accept the obligat	'Horida, Sucl	h change was a	otherized b	y the corporal	poration submits this statement for the pur tion's board of directors. I hereby accept t	he appointment as	registered
SIGNATURE _	rii iga in-iga widii, ga	ic accept the oraqui	ions or, cicone	71 007.0000, FR	A RADI CHARACT				
12.	Signature typed or pre-	OFFICERS AND		te (NOTI	Hagistered A	ger Esignature requi	rort when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTOR	3S IN 12
TITLE	President.			DELETE 111			110011011010111111111111111111111111111	Change	Addition
NAME	Dave	policheno			1.2 NAME				Addition
STREET ADDRESS	524 No	Dave Polichena 524 N.W. 55+551, Boca Raton, FL 33407		13 STREET ADDRESS				ļř	
CITY-ST-ZIP TITLE		resident	337	D DELETE	2 1 111LE	ST-7IP		☐ Change	Addition
NAME		Cornett,			2 2 NAME				7,44,54,54
STREET ADDRESS	4260 /	V.W. 9+1	Ct :	200	2 3 STREE	T ADDRESS			
CITY-ST-ZiP	(OCOMU	+ Cree	K, FC	_3 <i>50</i> 60	5 2 4 CITY	ST-7IP			and (a to 100)
TITLE NAME			·	☐ OFFER	31 TALE 32 NAME			☐ Change	Addition
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP					3.4 CITY				
TITLE				DELETE	4.1 TOTLE			☐ Change	☐ Addition
NAME	'				4 2 NAMI				
STREET ADDRESS						f ADDRESS			[
CITY-ST-ZIP TITLE				DELETE	44 CITY- 5 1 TITLE	51 - 211		☐ Change	Addition
NAMÉ					52 NAME		400002523	ाच्यव	_
STREET ADDRESS					5.3 STREE	T ADDRESS	400 002523 -05/14/9801019	9023	Į.
CITY-ST-ZIP					5 4 CiTY -	S1 - 7:P	***150.00		
TITLE				☐ DELETE	6171116			☐ Change	Addition
NAME STREET ADDRESS					6 2 NAME	1 ADDRESS			7, 171
CITY-ST-ZIP					6.4 CITY-	ĺ			1 1/
14. Thereby o	ertify that the info	rmation supplied with	this filing do	es not qualify fo	r the exem-	otion stated in	Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the	information
officer or a Block 12 of	on mis armual rep director of the cor or Block 13 if char	port or supplemental poration or the recent nged, or on an attack	annual report or or trustee o ment with an	is ince and acci stripowered to d address	urate and this execute this	report as requ	ire shall have the same legal effect as if murred by Chapter 607, Florida Statutes, an	d that my harne app	pears in
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