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 # P95000085617 (5)

CPA WEALTH MANAGEMENT SERVICES, P.A.

Principal Place of Business	Mailing Address	
215 BAYTREE DRIVE SUITE 1 MELBOURNE FL 32940	215 BAYTREE ORIVE SUITE 1 MELBOURNE FL 32940	
2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	•

Apr 17 1998 8:00am Secretary of State

Prii	ncipal Plac	ce of Busines	SS .	Maiting	Address				BOERL BOHON (ONOT DRING DAIN	O PROLITICO PODA
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	LUDOUNINE	C FL 32040		MELD	JUNNE FL 3294U			3. Date Incorporated or Qualified		
L								11/06/1995		
	Principal F	Place of Busin	ness	2a. Mail	ing Address			4. FEI Number		Applied For
21	0.34			26				59-3342125		Not Applicable
22	Suite, Apt			27	e, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required
23	City & Stat	lte		City	& State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
	Zip		Country	Zip		Countr	у	8. This corporation owes or has p		
24		a Name	25	29		30		Personal Property Tax due Jur		□ No
			and Address of Currer	ni Hegistered	Agent	81	Name	10. Name and Address of New R	legistered Agent	
			J. PATRICK							
	_	15 Baytre(Uite 1	E CHIVE			82	Street Add	ldress (P.O. Box Number is Not Accepta	able)	
		ELBOURNE	FL 32940			83			 	
						84	City		 85 Z	ip Code
44	Dureuant	to the provin	ions of Sections 607.060	12 and 607 16	OP Florida Statu	too the abou	a named as	orporation submits this statement for the	<u> </u>	
'''	office or i	registered ag	gent, or both, in the State	of Florida, Su	ich change was	authorized b	y the corpor	ration's board of directors. I hereby according	ept the appointment	as registered
		arri tarriniar wi	im. And Accept the obita	alions of Sec						
۰			,		don 607.0303, F	lorida Statute	S .			
SIG	INATURE.		For printed marrie of registered age					quired when reinstating)	DATE	
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12.	INATURE.	Signature typed	or purited harve of registered age OFFICERS AN	ent and tille if applic	able {NO	TE: Registered Ag 13. 1.1 TITLE		quired when reinstating)	DATE	ORS IN 12
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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 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 receivor 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 an attachment with an appears.

SIGNATURE: