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PROFIT **CORPORATION ANNUAL REPORT 1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017242 (3)

TEXTOR VENTURES, INC.

## FILED May 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2176 REGENT'S BLVD 2176 REGENT'S BLVD WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0737792 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible XX Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KRASKER, PAUL A ESQ. 625 NORTH FLAGLER DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) 9TH FLOOR 83 WEST PALM BEACH FL 33401 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dior punited manal of rogisters it agent and title diapphysical (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 72E034 (10/97 12 13. DELETE Change Addition TITLE 1.1 TITLE TEXTOR, JOHN C NAME 1.2 NAME 2176 REGENT'S BLVD STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33409** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition TITLE 2.1 DILE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-ZIP 2. 4 CITY - ST- ZIP DELETE Change TATLE 3.1 TITLE Addition 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAM STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing of indicated on this annual report or supplemental annual report officer or director of the corporation in the receiver or trusted Block 12 or Block 13 if charged or on a ratical ment with a es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an exposure to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

561 833 9220