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

FILED Apr 28 1998 8:00am Secretary of State

-	ITY ASSOCIATES INTERNA	OO67794 (2) Ational, Inc.			
Principal Plac	e of Business	Mailing Address			1611 (8 011 1801 6 10111 0104 1004
1120 HOLLAND DR #12 1120 HOLLAND DR #12					
BOCA RATON FL 33487 BOCA RATON FL 33487			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	
				08/06/1997	
2. Principal Place of Busmoss 2a. Mailing Address			4. FEI Number	Applied For	
21 26		26		65.0772765	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27		5 . 5555	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the or Personal Property Tax due June 30. 	Yes No
	9. Name and Address of Curre		1301	10. Name and Address of New Registered	
WIGGINS, ANDY 1120 HOLLAND DR #12 BOCA RATON FL 33487			81 Name 82 Street Add 83 84 City	AWTENCE G, Mic gress (R.O. Box Number is Not Acceptable). AHlantic 13/1	EG, ESQ.
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 amiliar with accept the objection of Statutes. SIGNATURE Signature and or registered Agent signature required when renstating) DATE					77
12.	OF ICERS IN	ID DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AN	·
TITLE	0	DELETE	1.1 TITLE		Change Addition
NAME	WIGGINS, ANDY		1.2 NAME		2
STREET ADDRESS	1120 HOLLAND DR #12 BOCA RATON FL 33487		1.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	Wighins, E. Thomas		2.2 NAME		
STREET ADDRESS	14110 W. Vie Tercon		2.3 STREET ADDRESS		
CITY-ST-ZIP	Sun City Ward AZ	85375	2.4 CITY-ST-ZIP]
TITLE		☐ D£LET E	3.1 TITLE		Change Addition
NAME			3.2 NAME		}
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Decrete	4.4 CITY - ST - ZIP		0
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S1 - ZIP 6.1 TITLE		Change Addition
NAME		LI DECTE	62 NAME		priority Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		}
Olts-91.5%			0.4 CHT - 31- ZIF		

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 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, or on an attachment with an address.