Applied For Not Applicable \$8.75 Additional

Fee Required. \$5.00 May Be

Added to Fees

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000034767

PASSPORT PUBLICATIONS 8					
Principal Place of Business	I TORKINDE FIN SOLET FOILS DOTT DOTT DEFEN TITLE AND				
2161 PALM BEACH LAKES BLVD SUITE 310 WEST PALM BEACH FL 33409	2161 PALM BEACH LAKES WEST PALM BEACH FL 33		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 04/15/1998		
Principal Place of Business 1	2a. Mailing Address		4. FEI Number		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		
City & State	City & State		6. Election Campaign Financing 55 Trust Fund Contribution Ad		
Zip Country	Zip	Country 30	This corporation owes the current year Intangible Personal Property Tax.		
	Current Registered Agent		10. Name and Address of New Registered Agent		
CORROBATE OPERTIONS EN	TEDDDICEC INC	81 Nar	me		
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418		82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)		
		83			
· · · · · · · · · · · · · · · · · · ·		84 City	y 85		

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90178 044 ***150.00



PALM BEACH GARDENS FL 33418			-		
		83			
	•	84	City	FL 85 Zip C	ode
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Flori	uthorized by	/ the co	d corporation submits this statement for the purpose of changing its	registered gistered
SIGNATURE		D. 'a It		e renulred when reinstaling) DATE	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		ent signatur	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DC (N. 12
12.	D DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition
TITLE	-				
NAME	KIRSCHNER, ROBERT	1.2 NAME		` <u>`</u>	
STREET ADDRESS	2161 PALM BEACH LAKES BLVD SUITE 310	1.3 STREE	T ADDRES	5	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-5	ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS	·	2.3 STREE	T ADDRES	s	
CITY-ST-ZIP		2.4 CITY-	\$T-ZIP		
ППE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREE	T ADDRES	s	
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	_	☐ Change	☐ Addition
NAME .		4. 2 NAME			
STREET ADDRESS		4.3 STREE	T ADDRES	s	
CITY-ST-ZIP		4.4 CITY-5	ST-ZIP		
TITLE ·	DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREE	T ADDRES	s	
CITY-ST-ZIP		5.4 CITY-5	ST-ZIP		
TITLE	☐ DELETE	6.1 T/TLE		☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREE	ET ADDRES	s	
CITY-ST-ZIP		6.4 CITY-5			
14. I hereby o	certify that the information supplied with this filing does not qualify for	the exemp	tion stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the in	formation

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, with all other like empowered.