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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

193293

(8)

	HILLSB	ORO MILE OCEAN APAR	TMENTS SECTION 3, II	AC					
Pri	incipal Place	e of Business	Mailing Address			- 1 (0010) 11038 (0300 (1)10 (1010 10100	(3)) <b>010</b> 30 <b>1</b> 31	III UIDII BIUM EN	II OTOLI 1801
SECTION 3 INC 1041 HILLSBORO BEACH POMPANO BEACH FL 33062			SECTION 3 INC 1041 HILLSBORD BEACH			DO NOT WRIT	C INI THIC	2 RDACE	
"	OMPANO BE	EACH FL 33062	POMPANO BEACH FL 3	3062		3. Date Incorporated or Qualified		SPACE.	
						05/17/1956			
2.	Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number		ΙΔ,	oplied For
21			26			59-0634246			ot Applicable
	Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22			27			6. Certificate of Status Desired		Fee R	equired
_	City & State	е	City & State			Election Campaign Financing	Freed		May Be
23	Zip	Country	28	Country		Trust Fund Contribution			to Fees
24	Zip	25	Zip <b>29</b>	Country 30		<ol> <li>This corporation owes or has p Personal Property Tax due Jun</li> </ol>			tangible ] No
24)		g. Name and Address of Curi		[30]		10. Name and Address of New R			J 140
	MC	CULLOCH, ROBERT H	· · · · · · · · · · · · · · · · · · ·	81 Na	ne				
		41 HILLSBORO MILE		<b>82</b> Stre	ot Addro	ss (P.O. Box Number is Not Accepte	abla)	<del>,                                     </del>	
1		LSBORO BCH FL 33062		02 300	el Addre	ss (F.O. Box Number is Not Accepte	10.6)		
1		_		83					
	* **			<b>84</b> City	<del> </del>		<del></del>	<b>85</b> Zip	Code
							Fi	_	
		to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	i502 and 607.1508, Florida Statuate of Florida Such change was ligations of, Section 607.0505, F	ites, the above-nant authorized by the liferida Statutes.	ed corpo corporatio	ration submits this statement for the on's board of directors. I hereby acce	purpose e ept the ap	of changing l pointment as	ts registered registered
SK	GNATURE	Signature, typod or pented name of registered	agent and fille it applicable (NO	OIt : Registered Agent sign	dure required	d when reinstaling)	DATE		
12		OFFICERS A	AND DIRECTORS	140					
TITE				13.		ADDITIONS/CHANGES TO OFFI	ICERS AN	ID DIRECTOR	RS IN 12
	LE	STD	DELETE	1.1 TITLE	1	ADDITIONS/CHANGES TO OFFI	ICERS AN	ID DIRECTOR Change	RS IN 12
NAI	ME	MCCULLOCH, ROBERT H				ADDITIONS/CHANGES TO OFFI	ICERS AN	_	
STF	ME Reet address	MCCULLOCH, ROBERT H 1041 HILLSBORO BCH	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRE	SS	ADDITIONS/CHANGES TO OFFI	ICERS AN	_	
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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 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 12 if changed, or on an attachment with an address.

**FILED** 

Apr 28 1998 8:00am

Secretary of State