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

**PROFIT CORPORATION** ANNUAL REPORT



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT  1998		Sandra B. Mortha  Societary of State  DIVISION OF CORPORA			ale		Secretary of State			
1	THE THE	295089	(7)							
FOURT	H AVENUE APT	S., INC.					i inalis erbib enine allie dala, enin iale bia			
	<u></u>									
Principal Place of Business Mailing Address								,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IL MEM35 (##	
1747 4TH AVE LAKE WORTH			1747 4TH AVE NO LAKE WORTH FL 33460				DO NOT WRITE IN THIS SPACE			
							<ol> <li>Date Incorporated or Qualified 07/22/1965</li> </ol>			
2. Principal P	lace of Business	<u>-</u>	2a. Mailing Address				4. FEI Number	Ar	oplied For	
21			26				59-1211966		ot Applicable	
Suite, Apt.	Ħ, θ(C.		Suite, Apt. #, etc.				5. Certificate of Status Desired	] <b>\$8.75</b> /	Additional equired	
City & State	0		City & State				6. Election Campaign Financing	\$5.00		
Zip	Cour	nity	[28]	T Cou	intry		Trust Fund Contribution		to Fees	
24	25	,	29	30			<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>		∏ No	
	9. Name and Add	Iress of Current R			<u> </u>	,	10. Name and Address of New Regist	ered Agent		
	SKINEN, HELMI			i	81	Name				
1747 4TH AVE N APT 6				i	82	Street Add	ress (P.O. Box Number is Not Acceptable)			
LAY	KE WORTH FL 334	80			83					
1					84	City		<b>85</b> Zip 0	Code	
								FL   '		
office or reagent. I a	to the provisions of St egistered agent, or ba im familiar with, and a	octions 607,0502 a oth, in the State of ecept the obligation	Horida Such change was xis of, Section 607.0505, F	authorized lorida Stat	d by lutes	the corpora ,	poration submits this statement for the purp- tion's board of directors. I hereby accept the	e appointment as	registered	
	Signature, typed or printed ha	OFFICERS AND (		Tt: Registered	d Age	nt signature requi	ired when reinstating) D ADDITIONS/CHANGES TO OFFICERS	DATE S. AND DIDECTOR	OC INI 12	
TITLE	ST	OF TOURS AND L	DELETE	1.1 16	TLF		ADDITIONA/CHANGES TO OFFICE RE	Change	Addition	
NAME	KOSKINEN, HEL	_MI		1.2 NA	AME	ľ				
STREET ADDRESS	1747 4TH AVE I			1.3 \$1	IREET	ADDRESS				
CITY-S1-ZIP	LAKE WORTH, I	LF 00000	DELETE		ITY-S	II - ZIP		Change	Addition	
TITLE NAME	V Vilkkila, sepp	Λ	בן טכנבוב	2.1 TI 2.2 N/				L., Change	MODITION	
STREET ADDRESS	1747 4TH AVE.					ADDRESS				
CITY-ST-ZIP	LAKEWORTH FL			2.4 C	g-YTK	S1 - ZIP				
TITLE	<del>"</del> Р		DELETE	3.1 111	TLE			☐ Change	Addition	
NAME	LEHTONEN, TO			32 N/			•			
STREET ADDRESS	1747 4TH AVE I					ADDRESS				
CITY-ST-ZIP TITLE	LAKE WORTH F	<u>L</u>	DELETE	4.1 TI		ST - ZIP		Change	Addition	
NAME			—	4. 2 N		}		•	_	
STREET ADDRESS				4.3 ST	free 1	ADDRESS				
CITY-ST-ZIP	~ <del>_</del>		Total State		ITY-S	7- <b>Z</b> IP			T A LOCK	
TITLE			DELETE	51 TII				∐ Change	Addition	
NAME Street Address				5.2 N/		ADDRESS				
CITY-ST-ZIP				5.4 CI						
TITLE			DELETE	6.1 111		,		☐ Change	Addition	
NAME				6.2 NA	AME					
STREET ADDRESS				6 3 ST	REET	ADDRESS				
CITY-ST-ZIP				64 CF	TY-S	1- ZIP				

14. Thereby cortify 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 early, that I am an officer or director of the corporation or the receiver of bystee 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, each an attachment with an address.

Apr 21 1998 8:00am