| COF ANNU | PROFIT RPORATION JAL REPORT 1998 | FLORIDA DEP/ Sandra Secre | IS \$550.00 ARTMENT OF STATE B. Mortham tary of State | Apr 03 | TLED 1998 8: ary of S | |
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| DOCUI . Corporation | MENT # 34190 |)9 (0) | | | | |
| Principat Place of Business Mailing Address 6746 WHITE DR 6746 WHITE DR W PALM BCH FL 33407-1230 W PALM BCH FL 33407- | | | 17-1230 | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | | |
| | lace of Business | 2e. Mailing Address | ······ | 02/19/1969 4. FEI Number | A | pplied For |
| Suite, Apt. | #. eic. | 26 Suite, Apt. #, etc. | | 11-2170078 | ¢0 75 | ot Applicable Additional |
|] | · | 27 | | 5. Certificate of Status Desired | + | additional |
| City & State | 9 | City & State | | Election Campaign Financing Trust Fund Contribution | - · · · · | May Be to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has pa | aid the current year In | tangible |
| | 25 9. Name and Address of Curr | 29] ent Registered Agent | 30 | Personal Property Tax due June 10. Name and Address of New Re | | _] No |
| | WIS, EDWARD D. | | 81 Name | | | |
| | D ROYAL PALM WAY LM BEACH FL | | 82 Street | Address (P.O. Box Number is Not Acceptal | ble) | |
| | | | 83 | | | |
| | | | 84 City | | FL ⁸⁵ Zip | Code |
| | | 502 and 607 1508. Florida Stati | ulos the above-named | concoration submits this statement for the | ourpose of changing i | te registered |
| agent. I ar IGNATURE | egistered agent, or both, in the Sta m familiar with, and accept the obl | igations of, Section 607.0505, F | ules, the above-named s authorized by the corr florida Statutos. | corporation submits this statement for the p oration's board of directors. I hereby acce required when renstating) | purpose of changing i pt the appointment as | its registered s registered |
| agent. I ar IGNATURE 2. | Signature, typed or printed name of registeriou of OFFICERS A | igations of, Section 607.0505, F Igentiana inte il applicable (NC ND DIRECTORS | DIE: Registered Agent signature | | DATE CERS AND DIRECTOR | |
| agent: I an IGNATURE 2. 7LE ME REET ADDRESS | Signature, lyped or printed name of registeriou of OFFICERS A SD THORNBROUGH, D S 131 WAVECREST CT | Igations of, Section 607.0505, F | Horida Statutos. Begistered Agent signature 13. 1.0 TITLE 1.2 NAME 1.3 STREET ADDRESS | required when reinstaling) | DATE | |
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