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

Apr	15	199	8	8:0	Uan	•
Se	cre	tary	of	St	ate	

FRANC Principal Place	e of Business	TS CORP. Mailing Address				
947 NAUTILL P.O. BOX 6	IŞ ISLE	947 NAUTILUS ISLE P.O. BOX 6				
DANIA FL 33004		DANIA FL 33004		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 08/13/1975		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1615239	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat	θ	City & State		6. Election Campaign Financing	\$5.00 May Be	
13		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Country	8. This corporation owes or has paid the c		
4	25 g. Name and Address of Curre	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No	
	AUTHIER, LOUIS P	aur ciahistaian Mailt	61 Name	in. Hallo and Madiess of How Lightleis	- vAaiir	
	7 Nautilus Isle Inia FL 33004		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	85 Zip Code	
				poration submits this statement for the purpose ation's board of directors. I hereby accept the a	L (
SIGNATURE		ND DIRECTORS	DTE: Registered Agent eignature requ	uked when reinslating) ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSD Gauthier, Louis P.	DELETE	1.1 TITLE		Change Addition	
name Street address	947 NAUTILUS ISLE		1.2 NAME			
CITY-ST-ZIP	DANIA FL		1.3 STREET ADDRESS 1.4 City-St-Zip			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		FN F	2. 4 City-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TIFLE		☐ DELETE	3.1 TITLE	•	Change Addition	
NAME Street address			3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	<u> </u>	☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
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-ST-ZIP 6.1 TITLE		Change Addition	
NAME		_ ottel	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			64 CITY-ST-ZIP			
	artifu that the information europlied	with this filing does not qualify		Section 119 (7/3)(i) Florida Statutes I further	certify that the information	

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 rue 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.

4 Sille Clark

CR2E034 (10/97)