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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

**DOCUMENT # 600674** 

(6)

## FILED Jan 22 1998 8:00am Secretary of State

ROGE	RS, BOWERS, DEMPSEY AN	ID PALADINO, P.A.			
Principal Plac	e of Business	Mailing Address		I bbanet dietit Biblit Baisit dietit 1861) anns dietit.	Mimil Brast Asbet Bibit Brain 1881
505 S. FLAGLER DRIVE. STE. 1330 505 S. FLAGLER DRIVE. S W. PALM BCH. FL 33401 W. PALM BCH. FL 33401			TE. 1330	DO NOT WRITE IN TH	ااد جعمرة
				3. Date Incorporated or Qualified	III OF ACE
				12/19/1968	
2. Principal F	Place of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21		26		59-1225908	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 25 Name and Address of Current		80	Personal Property Tax due June 30.  10. Name and Address of New Registers	Y Yes No
D/	OGERS, ROBERT O	1 Manual	B1 Name	IV. HARING BING AUGUSTS OF HAW PAGISTON	ou Agont
	5 S. FLAGLER, STE 1330				
WEST PALM BEACH FL 33401			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
***	EST TAUM DEADITIE 00401		83		
			84 City		85 Zip Code
office or i agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations are securificated to the college of the securifications are secured to the securifications of the securifications are securificated to the securification of the s	of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered
SIGNATURE	Signature, typed or printed name of registered agen	or and tille II applicable. (NO16:	Registered Agent signature requir	red when reinstating) DAT	<del></del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	ROGERS,ROBERT O		1.2 NAME		
STREET ADDRESS	505 S. FLAGLER, STE 1330		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY - \$1 - ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		Change Addition
NAME	BOWERS, DAVID E.		2.2 NAME		ļ
STREET ADDRESS	505 S. FLAGLER, STE 1330		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	Ab About M. OLEMPI	DELETE	3.1 TITLE		Change Addition
NAME	DEMPSEY, W. GLENN		3.2 NAME		
STREET ADDRESS	505 S. FLAGLER, STE 1330 W. PALM BCH. FL		3 3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BUT. FL	Dritte	3.4. CITY - ST - ZIP		[ Ohanna [ 14,400
TITLE	PALADINO, RICHARD	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	505 S FLAGER DR #1330		4. 2 NAME		}
STREET ADDRESS	W PALM BEACH FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	TT TOLIN DERVITE	DELETE	4.4 City-St-ZiP		Change Addition
TIFLE			5.1 TITLE		The Charles The Workfold
NAME CORET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		]
CITY-ST-ZIP		DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition
NAME			6.2 NAME		Li cuango Li radulti)
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
CITY-ST-ZIP		3	0.4 GHT - 51 - ZIF		

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 13 if changed or on an attachment with an address.

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