## 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

DOCUMENT # 630603

(9)

LANCE G. PASKEWICH, P.A.

May 14 1998 8:00am Secretary of State

**FILED** 

Principal Place of Business		Mailing Address				I SIBIL BIBIL BIBIL BIBIL IBBE	
7805 CAMINO REAL H-418 MIAMI FL 33143		7805 CAMINO REAL H-418 MIAMI FL 33143		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified 07/12/1979		
2. Principal Place of Business	2a.	Mailing Address			4. FEI Number	Applied For	
21	26				59-1924381	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Coun 24 25	try 29	Zip	Country 30		This corporation owes or has paid the cur     Personal Property Tax due Jurie 30.	rrent year Intangible Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
PASKEWICH, LANCE G			81	Name			
7805 CAMINO REAL H-418 MIAMI FL 33143				Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City	FL	85 Zip Code	
<ol> <li>Pursuant to the provisions of Se office or registered agent, or bo agent. I am familiar with, and ad</li> </ol>	th, in the State of Florid	da. Such change was a	authorized by	the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	f changing its registered pointment as registered	
SIGNATURE							

Signature, typed or profed name of regedered agent and title if applicable (NOTE Registered Agent signature required when re-ristating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12, 13. DELETE ☐ Change \_\_\_ Addition TITLE 1.1 TITLE PASKEWICH, LANCE G NAME 1.2 NAME **7805 CAMINO REAL H-418** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition TITLE 2.1 TITLE Change STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-2(P CITY-ST-ZIP DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE 61 THLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filtro 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 reprofer supplemental a initial open 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 professor by the one powerful to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 it of putged, or on an attarbupony with an accurate.

SIGNATURE: Vance LY KANDWED VAN LANCO G. HOSKEWICH YOR 4 128/98 205-596-534