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

FILED Mar 17 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT	# 650568	3 (9)									
•	AMBY, IN	rc.	` ,									
7141 * 111) 1 10 10 10 10 10 10 10	ALL BIRKI BIBIL	ONDLE DEBNE BE	1611 6161 1661	
Principal Place of Business Mailing Address									BII 41411 B1011	81811 9 1811 81	411 51211 (03)	
7256 WESTPORT PLACE 7256 WESTPORT PLACE								1				
SUITE A SUITE A								OO NOT WEIT	IM THIS S	DACE		
WEST PALM BCH FL 33413 WEST PALM BCH FL 33413 US US								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
								01/09/1980				
2. Principal P	lace of Busin	ness	2a. Mailing Address					4. FEI Number			Applied For	
21			26					59-1970410			Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional		
22			City & State							Required		
City & Stat 23			28				B. Election Campaign Financing Trust Fund Contribution Added to Fees					
Zip		Country	Zip Cour			intry		8. This corporation owes or has p		~ ′ .		
25 25 Name and Address of Current			29 30					Personal Property Tax due Juni 10. Name and Address of New Ro			∐ No	
			Hadistated Wallt		81	Name		10, Name and Address of New A	Areteten y	Main		
HILLEY, V. DONALD 11380 PROSPERITY FARMS ROAD												
SUITE 204					82 Street Add			ss (P.O. Box Number is Not Accepta	ble)		1	
		GARDENS FL 33410		83								
•••						<u> </u>				11		
					84	City			FL	85 Zip	Code	
11. Pursuant	to the provis	ions of Sections 607.0502	and 607.1508, Florida Statuti	es, the al	bove	-named d	corpo	ration submits this statement for the		changing	its registered	
agent. La	m familiar w	th, and accept the obligat	tions of, Section 607.0505, Fit	orida Stat	a by lutes	ine corpi	oratio	ration submits this statement for the n's board of directors. I hereby acce	br rue appo	anument a:	s registered	
SIGNATURE												
	Signature, typed	or printed name of registered agent OFFICERS AND			d Ager	nt signature r	equired	when reinstating)	DATE	DIDECTO		
12.	PD	OF ICERS AND	DELETE	13. 1,1 10	TI E			ADDITIONS/CHANGES TO OFFI	SERS AND	Change	Addition	
NAME	HAMBY	. R. P.		1,2 NA								
STREET ADDRESS		PORT PL.,STE.A			1.3 STREET ADDRESS						[8]	
CITY-ST-ZIP	W.PALM	BCH. FL			14 CITY-ST-ZIP							
TITLE	STD		DELETE	2.1 Til						Change	☐ Addition	
NAME		, JANICE M		2.2 NA	AME							
STREET ADDRESS		WESTPORT PLACE		2.3 ST	REET	ADDRES\$						
CITY-ST-ZIP	W PALK	A BEACH FL		2.4 €	ITY-S	T-ZIP		<u></u>				
TITLE			[_] DELETE	3.1 T(1	TLE	1				Change	☐ Addition	
NAME				3.2 NA]					J	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE	3.4. CI		T-ZIP				Chanca	Addition	
TITLE NAME	1		L DEL e te	4.1 TII 4. 2 N/		1				L Change	☐ Addition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	٠				TY-ST	- 1						
TITLE			DELETE	5.1 TH						Change	Addition	
NAME			_	5.2 NA						-	_	
STREET ADDRESS						ADDRESS					Ì	
CITY-ST-ZIP				5.4 CI	TY-ST	-ZIP						
TITLE			DELETE	6.1 TIT		$\neg \neg$				Change	☐ Addition	
NAME				6.2 NA	ME	1					1	
STREET ADDRESS				6.3 ST	REET A	ADDRESS						
CITY-ST-ZIP	mutify at - 1 1	a Information and the state of	h this filling place and a service.	6.4 CI			i :- ^	ection 119 07/3)(i) Florida Statutes	forests and a second	df. ab =4.75	n information	
TALL LIBERBY C	with that th	u manamanan sunahari wili		IT TOO AYA	mnti	ON CIAIAC	s III 🛰	ecuan Timitizatu Mazida Stabilae	HURBOR COR	mu that th	a intormation (

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 (changed, or or an attachmen) with an address.