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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**FILED** Jan 28 1998 8:00am Secretary of State

A. E. ENTERPRISES INC. OF PALM BEACH  Principal Place of Business  Mailing Address  928 S.E. CETTYSBURG CT. HOBE SOUND FL 3955  DO NOT WRITE IN THIS SPACE  3. Dels increprosted or Qualified Output Part Part Part Part Part Part Part Par
Principal Place of Business  Mailing Address  283 SE GETTYSBURG CT. HOBE SOUND R. 39455  2. Pincipal Place of Business  3. Page 10
Sales & ENTIFYSBURG CT. HOBE SOUND FL 33455  2a. Mailing Address   4. FEI Number   Applied For   2b.   2c.   Sule, Apt. 4, etc.   2c.   Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   2c.   Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2c.   Sule, Apt. 4, etc.   Sule, Apt. 4, etc.   2d.   Sule,
Sale   Section
See S.E. GETTYSBURG CT. HOBE SOUND FI. 2945S  BOUND FI. 2945S  AD DISTORT WHITE IN THIS SPACE  3. Date incorporated or Qualified Q4/2/13800  4. FEI Number  Suito, Apt. 4. etc.  2. Frincipal Place of Business  2. Mailing Address  3. Suito, Apt. 4. etc.  3. Suito, Apt. 4. etc.  2. Frincipal Place of Business  2. Mailing Address  4. FEI Number  5. Certificate of Status Desired  Field Required  Fiel
Applied For   Section   First   Section   Se
2. Principal Place of Business
All Companies   All Companie
2. Principal Place of Business   2a. Mailing Address   4. FE Number   S0-20/26878   No. Applicable for
Suite, Apri 4, etc.  Suite, Ap
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.
City & State   City & City
City & State   Country   Zip   Zip   Country   Zip   Zip   Country   Zip   Zip
28
Zip
25
DORAN, JOSEPH T.  9328 S.E. GETTYSBURG CT. HOBE SOUND FL 33455  11. Purguant to the provisions of Sections 607 0500 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Riorida. Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ITIE  DORAN, JOSEPH T.  15. STREET ADDRESS  15. STREET ADDRESS  16. SUND FL  16. SUND FL  17. ST.ZP  HOBE SOUND FL  17. ST.ZP  HOBE SOUND FL  18. STREET ADDRESS  19. STREET ADDRES
DURAN, JUSEPH I.  9328 S.E. GETTYSBURG CT. HOBE SOUND FL 33455  84 City  FL 85 ZIp Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chartging its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and manufact with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II.  TITLE  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND III.  ADDITIONS/CHANGES TO OFFICERS AND III.  AD
9328 S.E. GETTYSBURG CT. HOBE SOUND FL 33455  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   a5 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or an immirrant, and accept the collaptions of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the collaptions of, Section 607.0505, Florida Statutes,  SIGNATURE    Signature, typed or privad name of registered agent and tife if applicable. (NOTE Registered Agent signature required when reflectating)    DATE
HOBE SOUND FL 33455  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DORAN, JOSEPH T.  12. NAME  DORAN, JOSEPH T.  13. STREET ADDRESS  CITY-ST-ZIP  HOBE SOUND FL  14. CITY-ST-ZIP  HOBE SOUND FL  DORAN, MORGAN M  22. NAME  32. STREET ADDRESS  CITY-ST-ZIP  HOBE SOUND FL  DELETE  31. TITLE  DELETE  33. STREET ADDRESS  CITY-ST-ZIP  14. CITY-ST-ZIP  15. STREET ADDRESS  CITY-ST-ZIP  16. DELETE  34. CITY-ST-ZIP  17. Change  Addition  AGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Change  Addition  Change  Addition  AGDITIONS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Change  Addition  AGDITIONS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DI
83   84   City   FL   85   Zip Code
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11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arm tamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  DORAN, JOSEPH T.  1.2 ITITLE  1.2 ITITLE  1.2 ITITLE  SIGNATURE  SI
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable,   (NOTE Registered Agent signature required when reinstating)   DATE
SIGNATURE   Signature, typed or private name of registered agent and title if applicable,   (NOTE Registered Agent signature required when reinstating)   DATE
SIGNATURE   Signature, typed or private name of registered agent and title if applicable,   (NOTE Registered Agent signature required when reinstating)   DATE
Signature, typed or prived name of registroid agent and title if applicable, (NOTE Registered Agent signature required when reinstating)   DATE
TITLE
NAME   DORAN, JOSEPH T.   12 NAME
STREET ADDRESS   9328 S.E. GETTYSBURG CT.
CITY-ST-ZIP
DELETE   D
NAME   DORAN, MORGAN M   2.2 NAME   2.3 STREET ADDRESS   9328 S.E. GETTYSBURG CT.   2.3 STREET ADDRESS   17TLE   Change   Addition
STREET ADDRESS   9328 S.E. GETTYSBURG CT.   2.3 STREET ADDRESS   1 Change   Addition   Change   Addition   A
CITY-ST-ZIP
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME
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• • • • • • • • • • • • • • • • • • •
STREET ADDRESS 1
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITILE         DELETE         6.1 TITLE         Change         Addition
NAME 62 NAME
STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP

officer or director of the corporation of 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 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 the particular of the corporation of 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 the particular of the corporation of the

SIGNATURE: