## 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

FILED
Feb 02 1998 8:00am
Secretary of State

1. Corporation		# 6844 Lein, p.a.	90	(6)				
Principal Place of Business Ma				Mailing Address				AN ONDAN DAVAN BAURA BAURA NUBAR
2101 CORPO	RATE BLVD		2101 0	2101 CORPORATE BLVD				
SUITE 204			SUIT E	204				
BOCA RATON FL 33431 US				BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE	
	. =		U\$				3. Date Incorporated or Qualified 08/15/1980	
2. Principal Place of Business			F	2a. Mailing Address			4. FEI Number	Applied For
21				26			59-2015497	Not Applicable
Suite, Apt.			27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е		City	City & State			6. Election Campaign Financing	\$5.00 May Be
23			28				Trust Fund Contribution	Added to Fees
<u> </u>	Zip Country			Z <sub>II</sub> > Country		У	8. This corporation owes or has paid the current year Intangible	
25 25 29 29 29 29 25 25 26 29 29 25 25 25 25 25 25 25 25 25 25 25 25 25				Amont	30			Yes No
Vi I			irrent negistered	Agent	81	Name	10. Name and Address of New Registered	Agent
	EIN, FREDE							
2101 CORPORATE BLVD					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 204 BOCA RATON FL 33431					83	<del> </del>		
ВО	CA RATON	I FL 3343 I			"			
					84	City	FL	85 Zip Code
11. Pursuant	to the provis	ions of <b>S</b> ections 607	.0502 and 607.15	08, Florida Statu	tes, the above	e-named cor	poration submits this statement for the purpose dition's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m famlliar wi	th, and accept the o	bligations of, Sec	tion 607.0505, F	lorida Statute	S.	more board or directors. Thereby accept the ap	pointinent as registered
SIGNATURE								
12.	Signature, typed	or printed name of registere	AND DIRECTORS		TE: Registered Ag	jent signature requ	pred when reinstating) DATE	D DIDEOTODO IVI 40
TITLE	PD	OFFICE	AND DIRECTOR	DELETE	1.1 TITLE	·····	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	KLEIN, FREDERIC M			1.2 NAME			C outside C varieties	
STREET ADDRESS 2101 CORPORATE BLVD #204					1.3 STREET ADDRESS			
CITY-ST-ZIP	BOOM BATON E				1.3 STREE	l l		
TITLE				☐ DELETE		51 <u>I</u>		Change Addition
NAME					2.2 NAME			
STREET ADDRESS					2.3 STREE	T ADDRESS		
CITY-ST-ZIP					2. 4 CITY -	ST-ZIP		
TITLE				DELETÉ	3.1 TITLE			☐ Change ☐ Addition
NAME					3.2 NAME			
STREET ADDRESS					3.3 STREET	T ADDRESS		
CITY - ST - ZIP					3.4. CHY-	ST-ZIP		
TITLE				DELETE	4.1 TITLE			Change Addition
NAME					4. 2 NAME			
STREET ADDRESS					4.3 STREET	I ADDRESS		
CITY-ST-ZIP					4.4 CITY - S	ST - ZIP		
TITLE				☐ DELETE	5.1 TITLE	ļ		Change Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREET	ADDRESS		
CITY-ST-ZIP				Detect	5.4 CITY- 8	ST-ZIP		**************************************
TITLE				DELETE	6.1 TITLE			Change Addition
NAME					62 NAME			
STREET ADDRESS					6.3 STREET	ADDRESS		
CITY-ST-ZIP	actifut that the	information curvaliza	d mith this file	one not evelit f	6.4 CITY - S	T - Z(P	Castian 410 07/09/1) Flacida Chat. As a Life of the cast	-37

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.

FREDERIC M. KLEIN

1/23/98 (561) 997-1180