## 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 # F08558

(1)

## **FILED** Feb 10 1998 8:00am Secretary of State

INTERN	iational property advi	SORS, INC.			
Principal Place	o of Business	Mailing Address			išti čibit bibli dibit dibit atbit ibat
1001 NORTH FEDERAL HIGHWAY 1001 NORTH FEDERAL HIG		HWAY			
		LAKE WORTH FL 33460		DO NOT WRITE IN THE	S SPACE
US		US		3. Date Incorporated or Qualified	
				12/10/1980	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2088757	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
22		27		b. Commodition States 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	<b>2</b> φ	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29 3	0]	Personal Property Tax due June 30.  10. Name and Address of New Registers	
Bi Nama A					
	PEUT, BARBARA		- 1   67	aroline Maese	
10438 PIPPIN LANE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	icle
WE	ST PALM BEACH FL 33411		83	1905 Milana Ci	, , , ,
			84 City	reenacres F	L 85 Zip Code
40 con a constitution of the plants of the p					
I affice or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered.					
agent Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					98
SIGNATURE	Signature: typid or printed name of magnitude dep	ent and title if applicable (NOTE	Registered Agent signature require		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12.	OFFICERS AN	DERECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	\$	☐ DELETE	1,1 TITLE		Change Addition
NAME	CASE, ANNETTE		1.2 NAME		·
STREET ADDRESS	1270 CAROUSEL WAY		1.3 STREET ADDRESS		
CITY+ST-ZIP	WEST PALM BEACH FL		1.4 CITY - ST - ZIP		Change Addition
TITLE	T	☐ DELETE	2 1 TITLE		Citalings Citation
NAME	ESPEUT, BARBARA		2.2 NAME		
STREET ADDRESS	124 NE 5TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE	PD CACE DOV	טנונונ 🗀	3.1 TITLE 3.2 NAME		المانية
NAME	CASE, ROY 122 N E 5TH AVE				
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELRAY BCH, FL 00000	DELETE	3 4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		DEKENT	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	•	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 informatic 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.