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

E75006

<u> </u>			# F7599 Usiness & Proi								
Principal Place of Business Mailing Address											
8	070 N FEDE	RAL HWY		6070 N FEDERAL HWY.							
#16C				SUITE 16A							
BOCA RATON FL 33487				BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE				
יי	3			U\$				3. Date Incorporated or Qualified			
-	Principal Place of Business			2a. Mailing Address			04/12/1982 4. FEI Number	110	oplied For		
21	T THIO POST	26			, Muning Address			59-2185369			ot Applicable
	Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.						Additional	
22				27 15			5. Certificate of Status Desired		Fee Re		
i	City & State			City & State			6. Election Campaign Financing		\$5.00	May Be	
23	<u>.</u>		· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution		Added	
ĺ	Zip	Country		Zφ	├	Country		8. This corporation owes or has paid		- · -	_ ~
24		-	25	29	30			Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent						ıΤi	Name	10. Name and Address of New Reg	Istered	Agent	
MARCKETTI, ROBERT A						Έ	rvanie				
5260 BOLERO CIR					82	2 3	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
DELRAY BCH,F L FL 33484			F L FL 33464			+					
					83						
					84	1	City		FL	85 Zip i	Code
11. SIG	office or r agent. I a SNATURE	egi ste red ag m fam iliar wi	ent, or both, in the Stat	e of Florida Such change was gations of, Section 607.05 05, F	authorized b Torida Statute	y II IS	ne corporati	oration submits this statement for the puon's board of directors. I hereby accept	irpose o the app	changing it ointment as	s registered registered
12				ND DIRECTORS	13.	,		ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
TITL	Æ	PD		DELETE	1.1 TITLE	1.1 TOLE				Change	☐ Addition
NAN	AE		etti, robert a		1.2 NAME						
STR	EET ADORESS		DLERÓ CIR		1.3 STREE	I AD	ORESS				
CIT	Y-ST-ZIP	DELRAY	BCH FL		1.4 CITY-	ST-Z	ZIP				
TITL				☐ DELETE		2.1 TITLE				Change	Addition
	NAME				2.2 NAME	2.2 NAME					
STREET ADDRESS						2 3 STREET ADDRESS					
CITY-ST-ZIP				Delete			ZIP				A 2400
TITLE NAME				☐ DELETE		31 THILE				Change	☐ Addition
i					3 2 NAME		, ppcoe				
	EET ADDRESS				3.3 STREE						
TITL	r-ST-ZIP E			DELETE	3.4. CITY - 4.1 TITLE	51-	71Ľ			Change	Addition
NAN					4. 2 NAME						
	EET ADDRESS				4.3 STREE		IDRESS				
	-ST-ZIP				4.4 CHTY-						
TITL		_		DELETE	5.1 TITLE					Change	Addition
NAN	AE				5.2 NAME						
STR	EET ADDRESS				5.3 STREE	1 AD	ORESS				
ÇIT	r-ST-ZIP				5.4 CITY-	ST-Z	2IP				
TITL	E			☐ DELETE	6.1 TITL€					Change	☐ Addition
NAN	KE				6.2 NAME		-				
STR	EET ADDRESS				6.3 STREF	T AD	ORESS				
CITY	1-\$1-ZIP				6.4 CITY-	ST-Z	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 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.

FILED

Jan 29 1998 8:00am

Secretary of State