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

DOCUMENT #

FILED Apr 21 1998 8:00am Secretary of State

1	INANCIAL CORP.	0000901 (9))		
Principal Plac	e of Business	Mailing Address			
1601 FORUM PLACE		1601 FORUM PLACE		ļ	
SUITE 605		SUITE 805		DO NOT HIDITO WE THE SPACE	
WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
		•••		03/15/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		31-0831302	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		p	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	1 0	Trust Fund Contribution	Added to Fees
24	25	Ζηρ 29	Country 30	8. This corporation owes or has paid the cu	rrent year Intangible
27	9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
M/	ACKEY, WALTER J JR.	·-··	81 Name		
	2 LAGOON DR.		82 Street Add	troop (D.O. Do. Niester & Niet Access to 1)	
NORTH PALM BEACH FL 33408			50 Street Add	lress (P.O. Box Numbor is Not Acceptable)	
			83		71'''
			84 City		85 Zip Code
				FL	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu c of Florida, Such change was	les, the above-named corp	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	f changing its registered
agent. La	m familiar with, and accept the oblic	jations of Section 607.0505, Fi	lorida Statutes.	mon a board or directors. Thereby accept the app	DOMENICAL AS REGISTERE
SIGNATURE	Signature, typed or printed name of registered ag				-
12.	·	ND DIRECTORS	14 Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	DCP	DELETE	1.1 HILE	ADDITIONS/OFFANGES TO OFFICE IS AND	Change Addition
NAME	MACKEY, WALTER J JR.		1.2 NAME		
STREET ADDRESS	772 LAGOON DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL		1.4 CHTY - ST - ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	MACKEY, WALTER J JR.		2.2 NAME		
STREET ADDRESS	772 LAGOON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL		2.4 CITY - ST - ZIP		
TITLE	ST Mackey, Lois	[_] DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STORET ADDRESS	772 LAGOON DR		3.2 NAME		
STREET ADDRESS	N PALM BEACH FL		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4, C/TY - ST - ZIP 4.1 T/TLE		Change Addition
NAME		Ell percent	4. 2 NAME		C Cutaribe
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 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 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 on an address