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

FILED Jan 27 1998 8:00am Secretary of State

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S. Name and Address of Current Registered Agent CT COPPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL. 33324 82 Street Address (P.O. Box Number is Not Acceptable) 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 charge was authorized by the corporation's board of directors. I hereby accept the expositioner of, Section 507.0502 and accept the odipathron of, Section 507.0502 in an accept the odipathron of, Section 507.0502 in accept the odipathron of Section 507.0502 in accept the septiment as registered office of the odipathron of Section 507.0502 in accept the odipathron in accept the odipathron of, Section 507.0502 in accept the septiment as registered office of the odipathron of Section 507.0502 in accept the septiment as registered office of the odipathron of Section 507.0502 in accept the septiment as registered office of the odipathron of Section 507.0502 in accept the septiment as registered office of the odipathron of Section 507.0502 in accept the odipathron of Section 507.0502 in accept the odipathron		Country		C	ountry				
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11. Pursuant to the provisions of Sections 607 (502 and 607, 1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607,6505, Florida Statutes. Signature					84	City		85 Zip	Code
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing chas 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 suppliemental angual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	Street Address.			6.3	STREET.	ADDRESS			
14. I hereby certify that the information supplied with this tiling chas not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the information indicated on this annual report or supplied ental angual report is the and accurate and that my signature shall have the same legal effect as if made under oath, that I am an	CITY-ST-ZIP		N. 17 1 201	6.4	CITY-ST	-ZIP	2-15-14-0-270(2) Florida Orthon 16 1	outlib . At - 1 1 1 -	Info-matica
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