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

1	MENT # F9500(ON CORP.	0004066 (5)			
Principal Plac	ce of Business	Mailing Address			DINI BIBNI BOND BUND BUN URBI
	1371 CLUB DRIVE. #405 M BEACH FL 33408	P.O. BOX 14371 60 YACHT CLUB DRIVE. 1 NORTH PALM BEACH FL		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 08/22/1995	S SPACE
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		51-0277274	Not Applicable
Suite, Apt	.#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	ue	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	26	Country	Trust Fund Contribution 8. This corporation owes or has paid the c	Added to Fees
24	25	<u>├</u> ¬ ' ⊦	30	Personal Property Tax due June 30.	urrent year intangible No
	g, Name and Address of Curren			10. Name and Address of New Registered	
TA	AUSIG, FRED		81 Name		
	to the provisions of Sections 607.050/ registered agent, or both, in the Stato am familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flor	84 City s, the above-named couthorized by the corporation Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	
SIGNATURE	Signature, typied or printed name of registered ages	it and bite if applicable (NOTE	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAUSIG, FRED		1.2 NAME		
STREET ADDRESS	60 YACHT CLUB DR., #405		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL PCS	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	TAUSIG, MERLE		2.1 TITLE 2.2 NAME		FI cliquide FI yaquitan
STREET ADDRESS	60 YACHT CLUB DR., #405		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		2.4 City-St-ZiP	gara en s	
TITLE		DELETE	3.1 TITLE	······································	Change Addition
NAME	1		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			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 AODRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition

14. Thereby certify that the information supplied with this filling 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.

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS

2/11/20

FILED

Mar 30 1998 8:00am

Secretary of State