

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC -4 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 07937
1. Corporation Name

Principal Place of Business
603 Commerce Way
Bay # 5
Jupiter FL 33458
US

Mailing Address
P.O. Box 4001
Tequesta, FL 33469

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

Needle, Richard G.
1674 SE St. Lucie Blvd. #105
Stuart, FL 34996

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/10/82

4. FEI Number

59-2237873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME Needle, Richard G
STREET ADDRESS 44 Pine Hill Trail West
CITY-ST-ZIP Tequesta FL 33469

TITLE VP ☒ DELETE
NAME Kusmich, Chester M.
STREET ADDRESS 17329 Brian Dr.
CITY-ST-ZIP Jupiter FL 33478

TITLE ST ☐ DELETE
NAME Kusmich, Nanette
STREET ADDRESS 17329 Brian Dr.
CITY-ST-ZIP Jupiter, FL 33478

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1674 SE St. Lucie Blvd. #105
1.4 CITY-ST-ZIP Stuart, FL 34996

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 500002706505-5
2.3 STREET ADDRESS -12/08/98--01076--006
2.4 CITY-ST-ZIP *****61.25 *****61.25

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VP
3.3 STREET ADDRESS Kusmich, Nanette
3.4 CITY-ST-ZIP 17329 Brian Dr.
Jupiter, FL 33478

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S
4.3 STREET ADDRESS Carteris, Alex
4.4 CITY-ST-ZIP 5190 Nutmeg Dr.
Palm Beach Gardens, FL 33410

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME T
5.3 STREET ADDRESS Helton, Michael S.
5.4 CITY-ST-ZIP 12808 158th Ct. N.
Jupiter, FL 33478

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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.

SIGNATURE:

Nanette Kusmich S.T. 12/1/98 501-746-0033

CR2E034 (5/98)