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

Principal Place of Business

DOCUMENT #

(2)

D.R.S. PUBLICATIONS INC.

Mailing Address

FILED Mar 16 1998 8:00am Secretary of State



611 ATLANTIC BLVD. EXT. POMPANO BEACH FL 33069			611 ATLANTIC BLVD. EXT. POMPANO BEACH FL 33089			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 06/07/1983	
2. Principa	al Place of Business	2a	. Mailing Address			4. FEI Number	Applied For
l		26				59-2332868	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip i]	Country 25	29	Z ₁ p Country			This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
SNYDER, GERALD M. 611 ATLANTIC BLVD. EXT. POMPANO BEACH FL 33089					81 Name 82 Street Add 83	ress (P.O. Box Number is Not Acceptable)	
					84 City	FL	85 Zip Code
office o	nt to the provisions of Sections 607.0 or registered agent, or both, in the Sta I am familiar with, and accept the obl	ate of Flori	da. Such change was	authorized	f by the corpora	poration submits this statement for the purpose c tion's board of directors. I hereby accept the ap-	changing its registered cointment as registered
SIGNATUR	E						
	Signature, typind or printed name of registered	agent and lit o	if applicable (NO	TE: Registered	Agent signature requi	ired when reinstating) DATE	

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE PTD 1.1 TITLE ☐ Change ___ Addition SNYDER, GERALD M. 1.2 NAME NAME 1571 SW 13TH DR. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE MYUGGV UM-in- - 35 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 of 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

2/2/90

GN 970 7200