## 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 # 1. Corporation Name

(6)

FILED								
Apr 01 1998 8:00am								
Secretary of State								

2. Principal Place of Business 2. Mailing Address 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 5. Applied For Not Applicable 5. Certificate of Status Desired Fee Required	Principal Place of Business Mailing Address  200 HYPOLUXO RD 200 HYPOLUXO RD STE 100A HYPOLUXO FL 33462 HYPOLUXO FL 33462 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
Sulfa, Apt			1 2 44 20 4 4 1				03/12/1984		
Suite	<u> </u>	al Place of Business	<del></del>				l '	<b>—</b>	
27		Apt. #, etc.						60 75	<del></del>
State     State     State	22	•	27				5. Certificate of Status Desired		
Zip		State	City & State				6. Election Campaign Financing	\$5.0	0 May Be
PARRISH, BRUCE W. ESQ.  105 S NARCISSUS AVE. STE. 701 W. PALM BEACH FL 33401  82 Sirver Address (P.O. Box Number is Not Acceptable)  83 Sirver Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above amend corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of Socions 607 0505, Florida Statutes, the above amend corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of Socions 607 0505, Florida Statutes, the above agent I am familiar with, and accept the obligations of Socions 607 0505, Florida Statutes, the above agent I am familiar with, and accept the obligations of Socions 607 0505, Florida Statutes, socions of Provisions board of increase of registered agent I am familiar with, and accept the obligations of Socions 607 0505, Florida Statutes, socions of Provisions board of Provisions agent I am familiar with, and accept the obligations of Socions 607 0505, Florida Statutes, socions of Provisions board of Provisions agent I am familiar with and accept the obligations agent age	23								
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PARRISH, BRUCE W. ESO. 105 S NARCISSUS AVE. STE. 701 W. PALM BEACH FL 33401  82 Sirver Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Soctions 607 0507 and 607.1508. Florida Statutes, the amorphorophysical source of directors. I hereby accept the appointment as registered office or registered agent, or both, in this State of Florida Subtract December 1 and familiar with, and accept the chipathons of, Section 607.0505, Florida Statutes, the acceptations beared office forus. I hereby accept the appointment as registered office or registered agent and sent appointment of the provisions of Soctions 607 0505, Florida Statutes, the acceptation appointment of the provisions of Soctions 607 0505, Florida Statutes, the acceptation appointment of the provisions of Soctions 607 0505, Florida Statutes, the acceptation appointment of the provisions of Soctions 607 0505, Florida Statutes, the acceptation appointment of the provisions of Soctions 607 0505, Florida Statutes, the acceptation appointment of the provisions of Soctions 607 0505, Florida Statutes, the acceptation of Societions 607 0505, Florida Statutes, the provisions of Societions 607 0505, Florida Statutes, the acceptation of Societions 607 0505, Florida Statutes, the acceptation of Societions for Provisions 607 0505, Florida Statutes, the acceptation of Societions for Provisions 607 0505, Florida Statutes, the acceptation of Societions 607 0505, Florida Statutes, the acceptation of Societions 607 0505, Florida Statute	24			<u> 30 </u>					L.J NO
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STE. 701 W. PALM BEACH FL 33401  84 City FL 85 Zip Code T1. Pursuant to the provisions 607 0500 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of 1 foorida. Such change was authorized by the corporation's board of directors. Thereby accept the pupolismont as registered agent are familiar with, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE    Tall							(5.0. D N		
### City ###	1			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
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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 ampowered 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. ((11/22-8717

6.4 CITY - ST - ZIP