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 # HOE

(3)

FILED	
Jan 22 1998 8:00am	ì
Secretary of State	

Principal Place of Business Mailing Address ** RICHARD E. CAVANAH				·	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal P	face of Business	2a. Mailing Address	<u> </u>	·	06/04/1984 4. FEI Number	Applied For
21		26			59-2430638	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			I & Certificate of Status Desired I I 1 1 1	75 Additional e Required
City & State	9	City & State		-		00 May Be
23		28			· ·	ded to Fees
Zip Country		Zip			8. This corporation owes or has paid the current year Intangible	
24	25 29 30			Personal Property Tax due June 30. 🗹 Yes 🔲 No		
	g, Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Registered Agent	
	VANAH, RICHARD E.			Name		
	1 U.S. Highway one Orth Palm Beach Country	CLUB	82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	DTH DALL DELOILE		83			
110	militade describe 33	1408	_			
			84	City	FL 85	Zip Code
agent. I a SIGNATURE	m familiar with, and accept the obling state of the obling state of the state of th	igations of, Section 607.0505	, Florida Statute	Š.	lion's board of directors. I hereby accept the appointmen	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	PD CAMANAN BIOLIAND C	☐ DELETE	1.1 TITLE		L_J Char	nge LI Addition
NAME	CAVANAH, RICHARD E. 100 FATHOM ROAD		1.2 NAME			
STREET ADDRESS	NORTH PALM BEACH FL	33408		T ADDRESS		
CITY-ST-ZIP TITLE	HOULT LYPIN DEVOLUTE	DELETE	1.4 CITY- 2 1 TITLE	S1 - ZIP	Chai	nge Addition
NAME			2.2 NAME		<u> </u>	
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP	-		2.4 CITY	ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Chai	nge 🔲 Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY	ST-ZIP		
TITLE		DELETE	4.1 TITLE		L Char	nge L Addition
NAME			4. 2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP		☐ DELETE	44 City- 51 Title	51 - ZIP	Char	nge Addition
NAME			5.2 NAME			igo 🗀 Macillott
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			5.4 CITY-	1		
TITLE		DELETE	6.1 TITLE		☐ Char	nge 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	r address		
CITY-\$1-ZIP			6.4 CITY -			
indicated officer or o Block 12 o	on this annual report or supplement	ital annual report is true and a ceiver or trustee empowered lachment with an address.	áccurate and th to execute this	at my signatu report as req	Section 119.07(3)(i), Florida Statutes. I further certify that the shall have the same legal effect as if made under oath uired by Chapter 607, Florida Statutes; and that my name (561)	that I am an appears in