FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H07696

(8)

Principal Place of Business Mailing Address 1200-A E ATLANTIC AVE 1200-A E ATLANTIC AVE DELRAY BCH FL 33483 DELRAY BCH FL 33483	
	Aldit Bible Bible 1881
DO NOT WRITE IN THIS SPACE	CE
3. Date Incorporated or Qualified	
06/13/1984	
2. Principal Place of Business 2s. Mailing Address 4, FEI Number	Applied For
21 59-2428883	Not Applicable
[27] B. Certificate of Status Desired	8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	Added to Fees
ZIP Country Zip Country 8. This corporation owes or has paid the current	
24 25 29 30 Personal Property Tax due June 30. Y	
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Age	mı
BROSCHE', MICHAEL	
1200-A E ATLANTIC AVE DELRAY BCH FL 33483 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City 8	5 Zip Code
Purplient to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the above gamed corporation submits this statement for the purpose of class	anning its registered
	and and its redistance
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 change was authorized by the corporation's board of directors. I hereby accept the appoint agent, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.	ment as registered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ment as registered
agent. Lam familiar with, and accept the obligations of, Section 607-0505, Florida Statutes. SIGNATURE Signature by add or painted name of rejectored agent and billed applicable (NOTL Registered Agent signature required when reinstating) DATE	
agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature by add or panted miner of repetiesed agent and billed applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
agent. I am familiar with, and accept the obligations of, Section 607-0505, Florida Statules. Signature Signature byject or pented name of repetered epent applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P DELETE 1.1 TITLE	RECTORS IN 12
agent. I am familiar with, and accept the obligations of, Section 607-0505, Florida Statules. Signature Signature by and or painted name of registered agent and bife if applicable (NOTL Registered Agent	RECTORS IN 12
SIGNATURE Signature by and or painted nature of registrand agent and biffer applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILLE NAME BROSCHE', MICHAEL STREET ADDRESS 12. NAME STREET ADDRESS 13. STREET ADDRESS 14. TITLE 15. NAME 15. TITLE 16. TITLE 17. NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. LITTLE 10. LITTLE 11. NAME 11. STREET ADDRESS 12. NAME 13. STREET ADDRESS	RECTORS IN 12
SIGNATURE Signature typed or painted name of registered agent and bitter to applicable. 12. OF LECERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE P DELETE 1.1 TITLE BROSCHE', MICHAEL STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 1.4 CITY-ST-ZIP	RECTORS IN 12
SIGNATURE Signature typed or pented name of registered agent and bitter if applicable (NOTE Registered Agent signature required when reinstating) 12. OF LECERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS TITLE P DELETE 1.1 TITLE BROSCHE', MICHAEL 1.2 NAME STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 1.4 CITY-ST-ZIP	RECTORS IN 12 Change Addition
SIGNATURE Signature typind or printed name of registered agent and billing agriduable. 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND	RECTORS IN 12 Change Addition
Agent. 1 am familiar with, and accept the obligations of, Section 607-0505, Florida Statutes. SIGNATURE Signature: typind or painted nature of requistered agent and billing agriduable. (NOTE Registered Agent signature required when reinstating). OATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DI	RECTORS IN 12 Change
Agent. 1 am familiar with, and accept the obligations of, Section 607-0505, Florida Statutes. SIGNATURE Signature: typind or painted nature of requistered agent and billing agriduable. (NOTE Registered Agent signature required when reinstating). OATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DI	RECTORS IN 12 Change Addition
SIGNATURE Signature: typed or pented name of registered agent and billion agraticable. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRE	RECTORS IN 12 Change
Agent. 1 am familiar with, and accept the obligations of, Section 607-0505, Florida Statutes. SIGNATURE Signature: typed or pented name of registered agent and bitle if applicable. (NOTE Registered Agent signature required when reinstating). OATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTO	RECTORS IN 12 Change
Agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature: Sylend or painted name of registered agent and falle if applicable. (NOTE Registered Agent equived when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME BROSCHE', MICHAEL 12 NAME STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL DELETE 14 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ALCITY-ST-ZIP TITLE NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP	RECTORS IN 12 Change Addition Change Addition Change Addition
Agent. Fam familitar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature: typed or panted name of repetines appeal and billing applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P OFFICERS AND DIRECTORS 11.1 TITLE DELETE 1.1 TITLE DELETE 1.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 2 1 MALE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3 1 TITLE DELETE 3 1 TITLE AMALE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 1 A CITY-ST-ZIP TITLE DELETE DELETE 1 A CITY-ST-ZIP TITLE	RECTORS IN 12 Change
agent. Fam familiar with, and accept the obligations of, Section BU7 0505, Florida Statutes. SIGNATURE Signature by and or printed name of requestives agent and blind applicable. (NOTL Registered Agent signature required when reinstating). DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME BROSCHE', MICHAEL 12 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.4 CITY-ST-ZIP DELETE 1.5 TITLE 1.6 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.6 CITY-ST-ZIP DELETE 1.7 TITLE 1.8 CITY-ST-ZIP TITLE 1.8	RECTORS IN 12 Change Addition Change Addition Change Addition
Agent. I am familiar with, and accept the obligations of, Section 607 USUS, Florida Statules. SIGNATURE Signature tyled or painted name of registered agent and bitter applicable. NAME P DELETE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RECTORS IN 12 Change Addition Change Addition Change Addition
Agent. I am familitar with, and accept the obligations of, Section 607 0505, Florida Statules. SIGNATURE Signature: byject or junited name of requelined agent and bille if apoliciable. (NOTE Registered Agent signature required when reinstating) 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 THE NAME STREET ADDRESS CHY-ST-ZIP THILE NAME STREET ADDRESS CHY-ST-ZIP DELETE 4.1 THILE NAME 4.2 NAME STREET ADDRESS CHY-ST-ZIP THILE NAME STREET ADDRESS CHY-ST-ZIP AS STREET ADDRESS CHY-ST-ZIP AS STREET ADDRESS CHY-ST-ZIP 4.3 STREET ADDRESS CHY-ST-ZIP 4.3 STREET ADDRESS CHY-ST-ZIP 4.3 STREET ADDRESS CHY-ST-ZIP	RECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
agent. I am lamiliar with, and accept the oblightions of, Section 607 0505, Florida Statutes. SIGNATURE Signature: Pyried or painted name of repetined apent and 1 Mort Apent apinted Apent agriculture required when reinstating) OATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE P	RECTORS IN 12 Change Addition Change Addition Change Addition
Agent 1 am lamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature by add or painted reason of requesting and latter agents about the position of requested when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P BROSCHE', MICHAEL 12 NAME STREET ADDRESS CITY-ST-2PP DELRAY BCH FL DELETE 14 CITY-ST-2IP DELETE 14 CITY-ST-2IP DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-2IP DELETE 31 TITLE DELETE 41 TITLE ANDESS CITY-ST-2IP DELETE 32 ALMAE 33 STREET ADDRESS CITY-ST-2IP DELETE 41 TITLE ANDRESS CITY-ST-2IP DELETE 34 CITY-ST-2IP TITLE ANDRESS CITY-ST-2IP DELETE 41 TITLE ANDRESS CITY-ST-2IP DELETE 51 TITLE ANDRESS CITY-ST-2IP TITLE DELETE 51 TITLE AMME 57 REET ADDRESS CITY-ST-2IP TITLE DELETE 51 TITLE DELETE 52 NAME	RECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent. I am familiar with, and accept the obligations of, Section 607 0505, Floridal Statutes. SIGNATURE Signature by and or printed name of requebred region and blind appellmentation. (NOTIL Registered Agent	RECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Aggent. 1 gm Tamiliar with, and accept the oblightions of, Section 647 0505, Florida Statules. SIGNATURE Signature tyled or panted name of respectives expert and filter dispolated. 12.	RECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
BIGNATURE Signature by and or pention name of respectives on Section 647 DSDS, Florida Statutes. 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE P BROSCHE', MICHAEL STREET ADDRESS DELRAY BCH FL 12.2 NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE ALCITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE ALCITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE ALCITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREE	RECTORS IN 12 Change Addition Change Addition Change Addition Change Addition

14. Thereby 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 pupplemental annual toport 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 conjugation of the receiver of frustee empsycred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of the region of the conjugation of the conjugation

CICALATUDE.