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

FILED Jan 27 1998 8:00am Secretary of State

1. Corporatio	MENT # H13670 IOKERAGE, INC.	(5)						
Principal Place of Business Mailing Address					 		AL DIBIN DIBIN DI	
1500 CORPORATE CNTR. WAY 1500 CORPORATE CNTR. WAY								
SUITE 203 SUITE 203			***					
WELLINGTON FL 33414 WELLINGTON FL 33414					DO NOT WR		SPACE	
US		US			3. Date Incorporated or Qualifie	d		
		T 2 10 m			07/24/1984			
2. Principal Place of Business 2a, Mailing Address					4. FEI Number		_ 	pplied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-2516363			ot Applicable
		27			5. Certificate of Status Desired			Additional equired
City & Stat	6	City & State			6. Election Campaign Financing			May Be
23	-	28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes or has	paid the cu		
24	26	29	o	i	Personal Property Tax due Ju] No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered	Agent	
MEYER, MELINDA — 1550 BORPORATE-GENTER WAY BUITE-203- WELLINGTON FL 39414			82 Street 990 83 Sui 84 City	Address 00 S te	Citv	table)	85 Zip	Code 3024
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 CPA Signature, typed or printed name of registered agent and trile if appricable (NOTE: Registered Agent signature required when reinstating) DATE								
12,	OFFICERS AND	DIRECTOR\$	13.		ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTOF	RS IN 12
TITLE	CPD	DELETE	1.1 TITLE				Change	Addition
NAME	RYBKA, LAWRENCE S		1.2 NAME	İ				
STREET ADDRESS	1500 CORPORATE CENTER W	AY, SUITE 203	1.3 STREET ADDRESS					li
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY - ST - ZIP	ļ				
TITLE	VD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	RYBKA, CHERYL		2.2 NAME				_	
STREET ADDRESS	567-HAMPSHIRE-ROAD		2.3 STREET ADDRESS		O Corporate Center		Suite	203
CITY-ST-ZIP	FAIRLAWN-OH		2.4 CITY-ST-ZIP	Wel.	lington, FL 3341	4		
TITLE	TD	☐ DELETE	3.1 TITLE	1			Change	☐ Addition
NAME	RYBKA, LAWRENCE J		3.2 NAME					1
STREET ADDRESS	3690 ORANGE PLACE, SUITE :	300	3.3 STREET ADDRESS					1
CITY-ST-ZIP	BEACHWOOD OH		3.4. CITY - ST - ZIP	ļ				
TITLE	SD	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	MEYER, MELINDA		4. 2 NAME					İ
STREET ADDRESS	1500 CORPORATE CNTR. WAY		4.3 STREET ADDRESS					
CITY-\$T-ZIP	WELLINGTON FL 33414		4.4 CITY-ST-ZIP	ļ				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 C(TY - ST - ZIP	ļ				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP	L				
14. I hereby o	pertify that the information supplied with	this filing does not qualify for t	he exemption state	ed in Se	ction 119.07(3)(i), Florida Statutes	. I further c	ertify that the	information

4. 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 trulice empowered to execute this report as inquired 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.

SCI 793 444A