## 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 #

(0)

FILED											
Mar	11	1998	8:00am								
Se	crei	tary of	f State								

VOIVIAL	13 AUIU	BODT, INC.										
Principal Plac	e of Business		Mailing Ac	idress					A HOOLOUG OLING FLOOL GEORGE HOLFIE OUTL		AIBIH BEBEH BIRI	il <b>dib</b> il i <b>vo</b> t
311 SE 2ND	AVENUE CH FL 334834	1459		ND AVENUE BEACH FL 33483	4459							
US	01112 00100		US	,,,,,,,,,,	1100				DO NOT WRITE	IN THIS S	PACE	
									3. Date Incorporated or Qualified			
		<u> </u>							10/08/1984			
2. Principal P	Place of Busin	ess	2a. Mailing	) Address					4. FEI Number		_ <del></del>	oplied For
21	<del></del>		26						59-2450598			ot Applicable
Suite, Apt.	#, etc.		Suite, A	Apt. #, etc.					5. Certificate of Status Desired			Additional equired
City & State	e		City &	State					6. Election Campaign Financing		\$5.00	May Be
23			28						Trust Fund Contribution			to Fees
Zip	1	Country	Zip	1	Cour	ntry		.	8. This corporation owes or has pal-			
24		25	29		30				Personal Property Tax due June			No
			rrent Registered A	gent		81	<b>61</b>		10. Name and Address of New Rec	istered A	-gent	
	MNARACE,					°'	Name					
	7 SE 3RD A LRAY REAC	VE 34 FL 33444				82	Street /	Addres	ss (P.O. Box Number is Not Acceptable	e)		
	LINI DENO	1111 00444			Ī	83						
					Ì	64	City		· · · · · · · · · · · · · · · · · · ·	FL	<b>85</b> Zip (	Code
I office or r	registered age	ent or both in the S	itate of Florida, Such	i change was ai	uthorized	1 bv	the corr	corpor	ration submits this statement for the pun's board of directors. I hereby accept	rpose of	changing it cintment as	s registered registered
agent. La SIGNATURE	ım <b>fa</b> miliar wit	h, and accept the o	bligations of, Section	n 607.0505, Floi	rida Statu	utes	\$.					
SIGNATURE	Signature, lyped	or printed name of registers	d agent and lite if applicable	ie (NOTE	Registered	Age	n( signature	required	when reinstaling)	DATE		
12.		OFFICERS	AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	DP			☐ DELE <b>te</b>	1.1 TIT						∐ Change	☐ Addition
NAME		ACE, KUMAR			1.2 NAI	Mξ						i
STREET ADDRESS	247 SE 3				1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	DELRAY	BEACH FL		1 55/545	1.4 CIT		T-ZIP				[ ] A(	
TITLE				L DELETE	2.1 TIT						Change	Addition
NAME					2.2 NAI							ŀ
STREET ADDRESS							ADORESS					
CITY-ST-ZIP	<u> </u>		<del></del>	DELETE.	2. 4 CI		ST-ZIP				Choose	L Addition
TITLE				☐ DELE <b>te</b>	3.1 TIT						Change	☐ Addition
NAME					3.2 NAI							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE	<u></u>			DELETE.	3.4. CIT		11 - ZIP		<del> </del>		Change	Addition
				- DECEME			ļ			'	orango	L Addition
NAME					4.2 NA		**********					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETÉ	4.4 CIT 5.1 TITI		1-211			• •	Change	Addition
NAME				Decemb	5.2 NAI		- 1					
							ADDRESS					
STREET ADDRESS												ŀ
CITY-ST-ZIP				DELETÉ	5.4 CIT		1-218				Change	Addition
NAME				011111	6.2 NAI					ļ		
STREET ADDRESS							ADDRESS					
					6.4 CIT		i					
CITY-ST-ZIP					0.4 01	(-0)	C EII					

14. 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 ennual 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 empowered 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.