## 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** 

	MENT # H63993 ISAL FIRM OF JOHNSON &	• •			
Principal Place	e of Business	Mailing Address			in Asidii Minis Asidis Aidii (40)
% RICHARD K. BARRA 4400 PGA BLVD. STE ***********************************		% RICHARD K. BARRA 4400 PGA BLVD. STE- <del>488</del> ~8()() PALM BEACH GARDENS FL 33410		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				06/26/1985	
	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-2550770	Not Applicable \$8.75 Additional
22	.,	27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28	T 6. 12.	Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	<ol><li>This corporation owes or has paid the current Personal Property Tax due June 30.</li></ol>	rrent year Intangible ☐ Yes ☐ No
[24]	g. Name and Address of Current	1	[30]	10. Name and Address of New Registered	
440 PAI	RRA, RICHARD K. 20 PGA BLVD. STE-400- 800 LM BEACH GARDENS FL 33410		83 84 City	ess (P.O. Box Number is Not Acceptable)	
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  Signature, tyred or printed name of registered agent and title of applicable.  (NOTE: Registered Agent signature required when reinstating).  DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DVS	☐ DELETE	1.1 TITLE		Change Addition
NAME	JOHNSON, THOMAS J.		1.2 NAME		
STREET ADDRESS	4411 BEACON CIRCLE STE 4 W. PALM BEACH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DPT	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	PARRISH, J. KENNETH, JR.		2.2 NAME		
STREET ADDRESS	4411 BEACON CIRCLE STE 4		2 3 STREET ADDRESS		
CITY-ST-ZI₽	W. PALM BEACH FL		2. 4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		Change Addition
NAME	EDWARDS, BRIAN G		3.2 NAME		
STREET ADDRESS	4411 BEACON CIR., #4 West Palm Beach Fl		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WEST FALM BEACH FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		Change C Addition
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-zip			4.4 CITY-ST-ZIP		
TITLE		DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP

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 appeal 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 by 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.

**FILED** 

Mar 16 1998 8:00am

Secretary of State