

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

PROFIT CORPORATION ANNUAL REPORT

~~1997~~ 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90047 004 ***150.00

DOCUMENT # H77090
Corporation Name

(9)

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1999



Principal Place of Business Mailing Address
~~2105 NORTH ANDREWS AVE. EXT. BAY 10 POMPANO BEACH FL 33069~~
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Principal Place of Business 2a. Mailing Address
976 ALLAMANDA DR. 26 976 ALLAMANDA DR.
Suite, Apt #, etc. Suite, Apt #, etc.
27
City & State City & State
DELRAY BEACH, FL 28 DELRAY BEACH, FL
Zip Country Zip Country
33483 25 PALM BEACH 29 33483 30 PALM BEACH

3. Date Incorporated or Qualified 09/20/1985 3a. Date of Last Report 04/18/1996
4. FEI Number 59-2592914 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent PASSALACQUA, ANTHONY
2810 NORTHEAST 47TH STREET
LIGHTHOUSE POINT FL 33064
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 976 ALLAMANDA DR.
83
84 City DELRAY BEACH FL 85 Zip Code 33483

1. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSALACQUA, ANTHONY	1.2 NAME	
STREET ADDRESS	2810 NE 47TH STREET	1.3 STREET ADDRESS	976 ALLAMANDA DR.
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSALACQUA, CATHERINE	2.2 NAME	
STREET ADDRESS	2810 NE 47TH STREET	2.3 STREET ADDRESS	976 ALLAMANDA DR.
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE: *Anthony Passalacqua* President 4/30/99 561-266-8882

CR2E034 (9/96)