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

**PROFIT CORPORATION** ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

<u> </u>   	Corporatio		# H8467 MENTS CO., INC		(6)								
Principal Place of Business				Mailing Add	Mailing Address				- I 1001011 0101 10111 01111 01111 01111 1		1 <b>8 18</b> (1 <b>8 19</b> ) <del>1</del>		11 I <b>JU</b> I
1059 B ROAD LOXAHATCHEE FL 33470 US					P.O. BOX 875 LOXAHATCHEE FL 33470 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
2.	Principal P	lace of Busi	ness	2a. Mailing	Addross				11/08/1985 4. FEI Number			Applie	d For
21					26				59-2602698		+ +		pplicable
匚	Suite, Apt.	uite, Apt. #, etc.			Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.7			
22	City & State				City & State						Requi		
23	Sity & State			28	1 · · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing Trust Fund Contribution			<b>00</b> Ma ed to F		
	Zip	Country			Zip Country				8. This corporation owes or has p				
24		25			29 30				Personal Property Tax due June 30. Yes No				O
<u> </u>		9. Name	and Address of Curre	nt Registered Ag	ent	81	1		10. Name and Address of New R	egistered	Agent		
MARAJ, GWENDELIN 16244 AINTREE DR LOXAHATCHEE FL 33470						82 83		Name Street Addr	ess (P.O. Box Number is Not Accepta	ble)			
						84	C	Dity		FŁ	<b>85</b> Zi	ip Cod	le
	office or r agent. I a GNATURE	egistered aç m familiar w	gent, or both, in the Stat ith, and accept the oblig	e of Florida, Such- gations of, Section	change was au	thorized by	v th	amed corp ne corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose o pt the app	f changing pointment	j its re as reg	gistered istered
		Signature types	for printed native of registerest as	The state of the s	(NOTE		nni s	signature require	ed when reinstating)	DATE	5 BIBEOT	000.	
10		0.7	OFFICERS AN	AD DIRI CTORS	DELFTE	13. 1.1 TUTLE			ADDITIONS/CHANGES TO OFFI	CERS ANI	D DIRECTO		Addition
NA		PT MADA I	STEPHEN A	L		1.2 NAME					C Outling	٠ ـ	J Ruomon
1	REET ADDRESS	1059 B				1.3 STREET	(ADI	DRESS					
ľ	Y-ST-24P		TCHEE FL 33470			1.4 CITY-S		- 1					
1(1)		S		```	DELFTE	2.1 THLE					Chang	e	Addition
NA	ME	MARAJ,	GWENDELIN			2.2 NAME							
STF	reet address		intree dr			2 3 STREET	AD	DRESS		r.			
_	Y-ST-ZIP	LOXAH/	NTCHEE FL 33470		7 551555	2 4 City-5	<u>SI-7</u>	719		***	——·		1
TIT				L	_] DELETE	3 1 TITLE					L Change	8 L	_] Addition
NA						3.2 NAME	4 5 1 5						
ı	REET ADDRESS					3 3 STREET							
TITI	Y-ST-ZIP				DELETE	3.4. CITY - S 4.1 TITLE	51-1	(Nº			Change	e T	Addition
NA				_		4. 2 NAME							
1	REET ADDRESS					4.3 STREET	ADO	DRESS					
1	Y-ST-ZIP					4.4 CITY - S							
III					DELFTE	5.1 TIPLE					Change	e [	Addition
NA!	ME ,					5.2 NAME							
STR	REET ADDRESS					5.3 STREET	ADE	DRESS					
CIT	Y-ST-ZIP					5.4 CITY - S	1-2	IP					
TITI	LE				] DELETE	6.1 TITLE					☐ Change	e 🗀	Addition
NAF	VIE }					6.2 NAME							

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 annual report or suppliemental annual report is true and accurate and that my signature shall have the same tegal effect as if made under oath; that I am an officer or director of the corporation of 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

6.3 STREE1 ADDRESS