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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Apr 21 1998 8:00am Secretary of State

	1998		Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
DOCUN 1. Corporation	MENT# .J	03290 NC.	(0)							
Principal Place	of Business	Mail	ing Address				I FROIPE DE L'EURE PEUT PEUT PEUT PEUT	il Ofbil Civil Eleli Gibil		
340 SW 18T			340 SW 18TH CT							
POMPANO BCH FL 33060 US			POMPANO BCH FL 33060 US				DO NOT WRITE IN THIS SPACE			
							 Date Incorporated or Qualified 03/11/1986 			
-	ace of Business		Mailing Address				4, FEI Number	⊢	Applied For	
Suite, Apt. (#, etc.		Suite, Apt #, etc.				93-0922401	_ \$0.7E	lot Applicable Additional	
22		27					Certificate of Status Desired	1 1 '	Required	
City & State		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zìp 24	Country		'ip	Count	iry		8. This corporation owes or has paid			
24	25 9. Name and Addres	29 s of Current Register	red Agent	30		l	Personal Property Tax due June 3 10. Name and Address of New Regi		∐ No	
Bl	JCHWALD, HERBERT			8	1 Name					
	OCA WEST BRIDGEW			8	2 Street	Addres	s (P.O. Box Number is Not Acceptable)	·· • · · · · · · · · · · · · · · · · ·	
B	OCA RATON FL 3343	4			3		······			
				<u></u>						
				8	4 City			FL 85 Zip	Code	
11. Pursuant to	o the provisions of Sections to both	ons 607.0502 and 607 in the State of Florida	.1508, Florida Statu Such change was	tes, the abo	L ve-named by the cor	corpor	ation submits this statement for the pur a's board of directors. I hereby accept		its registered	
agent. I an	n familiar with, and acce	pt the obligations of, S	ection 607.0505, F	orida Statul	es.	poranoi	ra bodici or directors. Thereby the egy	ле арролитель аз	s registerou	
SIGNATURE	Signature, typed or printed name	of registerion again band the dia	pptcable (NO	IL Registered A	gent signature	e required	when reinstating)	DATE	· 	
12.	OI	FICERS AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	PD		L_I DELETE	1.1 TITLE				☐ Change	Addition	
NAME	KUNTZE, TODD 340 S.W. 18 ST.			1.2 NAM						
STREET ADDRESS CITY-ST-ZIP	POMPANO BEAC	H FI			F1 ADDRESS					
TITLE	STD		DOTTE	1.4 City 2.1 Title		 -		X Change	Addition	
NAME	KUNTLE, KELLY			2.2 NAM		Kui	ntzEikelly	7-		
STREET ADDRESS	340 S.W. 15 CT.			2.3 STRE	CT ADDRESS	' '	•			
CITY-ST-ZIP	POMPANO BEAC	H FL		2 4 CITY	- ST - ZIP					
TITLE			DELETE	3 1 1 ITLE				Change	☐ Addition	
NAME STREET ADDRESS				3.2 NAM					- 1	
CITY+ST-ZIP				3.3 STRE 3.4. CITY	ET ADDRESS - St- 7/P					
TITLE		·	DELFTE	4.1 TITLE		t		Change	☐ Addition	
NAME				4. 2 NAM	E.				}	
STREET ADDRESS				4.3 STRE	1 Adoress					
CITY-ST-ZIP			The sec	4.4 CITY-	\$1-7IP	 				
TITLE			DELETE	5.1101.6		ĺ		☐ Change	Addition	
NAME STREET ADDRESS				5.2 NAME	T ADDRESS					
CITY-ST-ZIP				5.4 CITY						
TITLE			DELETE	6 1 111LE		 		☐ Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS				6 3 STRE	1 Andress					
CITY-ST-ZIP	while that the into medical	number of an also on	a alama nat minist i	6.4 CRY-		M 10 C -	ction 119.07(3)(i), Florida Statutes. I fur	11.22		
a⇔, includDy C€	amy mai inc incomiden	ooppined with this lillin	g albes not quality k	эг ине ехет	puon siale	za III 50	ouon Treloz(e)(i), riorida Statutes. Hur	mer certify that the	: Information	

14. Thereby certify that the information supplied with this filling 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 angular report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiptor 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 charged, or on a statisfyment with an address.