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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

H. MAX FRICKER & ASSOCIATES, INC.

Katherine Harris Secretary of State Secretary of State DIVISION OF CORPORATIONS 1999 02-17-1999 90102 050 ***158.75 DOCUMENT # J45166

1. Corporation Name

FILED Feb 17, 1999 8:00am



Bringing Place	of Business	Mailing Address					
Principal Place of Business		11300 US HIGHWAY ONE					
11300 US HIGHWAY ONE SUITE 203		SUITE 203				CDACE	
NORTH PALM BEACH FL 33408-3208		NORTH PALM BEACH FL 33408-3208		DO NOT WRITE IN THIS SPACE			
US		US			3. Date incorporated or Qualifed		
					12/01/1986		
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		ied For
	ggs of pasitions	26			59-2744360		Applicable
21	t ata	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad	iuitionai į
Suite, Apt. #	r, etc.	27			5. Certificate of Status Desired	Fee Req	uired
22		City & State			6. Election Campaign Financing	\$5.00 N	1ay Be
City & State		28			Trust Fund Contribution	Added to	Fees
23	Country	Zip	Cour	ntry	8. This corporation owes the current year I	ntangible	
Zip			30	•	Personal Property Tax.	☐ Yes 〔	□No
24	9. Name and Address of Current	1	<u> </u>		10. Name and Address of New Registere	d Agent	
	9. Name and Address of Current	Registered Agent		81 Name			ļ
FRICKER, H.MAX			[
1130	13	82		ress (P.O. Box Number is Not Acceptable)			
			83	14 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.7	21 2 6 4 4 3	
STE 203 NORTH PALM BEACH FL 33408				83	· · · · · · · · · · · · · · · · · · ·	计划组织运输	
				84 City		85 Zip C	ode
				'	F		pogistored
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the al	bove-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	istered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida, Such change was au ions of, Section 607,0505, Flor	ida Statı	utes.	or a country		
::: agent. i ai	m ramiliar with, and accept the congati	•					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered	Agent signature require	ed when reinstating) DATE		
12	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	PD	☐ DELETE	1,1 TI	TLE		Change	☐ Addition
1 "	FRICKER, H. MAX		1.2 N	AME			
NAME	11300 U.S. HIGHWAY ONE, SU	HTF 203	1.3 \$7	TREET ADDRESS	•		\
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CITY-ST-ZIP	NURTH PALM BEACH FL						
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		☐ DELETE	2.1 TI 2.2 N 2.3 S	AME TREET ADDRESS CITY-ST-ZIP		☐ Change	
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: