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

PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J89596

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•	MEN # J8959(0 87 - II, INC.	6 (7)				410M AJAN 813W 868W 1801
Principal Place of Business Mailing Address							DIBH DIBH BIGH BIBH IBBI
190 W PALM SUPETER B S BOCA RATOR US	MITH	190 W PALMETTO PK RD MPETER B SMITH ESO BOCA RATON FL 33432 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1987	
2. Principal P	Place of Business	2a. Mailing Ar	2a. Mailing Address			4. FEI Number	Applied For
<u> </u>		26	26			65-0147944	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, 27			#, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & Sta	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip Cc 29 30		Country		This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes Non Surece
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
SMITH, PETER B ESO 190 W PALMETTO PARK RO BOCA RATON FL 33432				81 82 83	Name Street Ad	ddress (P.O. Box Number is Not Acceptable)	
				84	City	FL.	85 Zip Code
11. Pursuant office or r agent. La	to the provisions of Sections 607 050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, File of Florida. Such of ations of, Section 6	orida Statutes, th enge was autho 07.0505. Florida	ne above prized by Statutes	i-named ci the corpo	orporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title it eonly able	(NOTE Bay	stered Ann	ol Signature se	equired when reinslating) DATE	
				13.	in significia le	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PSD			1.1 TITLE	7		Change Addition
NAME	GILG, GEORGE		į	1.2 NAME	1		3
STREET ADDRESS	3731 N.E. 27 AVENUE		ſ	1.3 STREET	ADDRESS		} }
CITY-ST-ZIP	LIGHTHOUSE POINT FL 3300	34		1.4 CITY - S	I - ZIP		

FILED

Jan 26 1998 8:00am

Secretary of State

SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when 12. OFFICERS AND DIRECTORS 13. PSD DELETE TITLE 1.1 TITLE GILG, GEORGE NAME 1.2 NAME STREET ADDRESS 3731 N.E. 27 AVENUE 1.3 STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY - ST - 2IP 1.4 CITY - ST - ZIP Addition O DELETE TITLE 2.1 TITLE Change GILG. JACQUES NAME 2.2 NAME 3731 N.E. 27 AVENUE STREET ADDRESS 2.3 STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change TITLE 41 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **B.3 STREET ADDRESS** 6.4 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 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 phanged, or on an attachment with an address.

GNATURE: KALL STATE THE STATE OF THE S

SIGNATURE:

METER & SMITH asolty for golg

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