## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham

AININ	1998		DIVISION OF CORPORATIONS			Secretary of State				
	IMENT # Ko				_					
me	edica L	18:4FiU	itors,	-L- N	٠,					
	ce of Business	Mail r	ng Address	12. 1	•					
4/0 GI	enda Kalt rk Dr. East	6 6 8 6	Glenda Park D	R. Ea	ጥ ፍተ					
Boca	Raton, FI		ca Rato	n, Fi	33437		WRITE IN THIS S	PACE	····	
						3. Date Incorporated or Qu				
2. Principal I	Place of Business	2a. M	ailing Address			12/10/1987  4. FEI Number Applied For				
21		26	· · · · · · · · · · · · · · · · · · ·			65-003 <b>5</b> ^	13		ot Applicable	
Suite, Apt	. #, etc	27 St	uito. Apt. #, etc.			5. Certificate of Status Desi	red 🗖		Additional equired	
City & Sta	te	<b>├</b> ─┐	City & State			· ·	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	71	р	Coun	try	8. This corporation owes or	has paid the curr			
24	9. Name and Addres	29	ad Buont	30		Personal Property Tax du		<i></i>	<b>Q</b> No	
	· · · · · · · · · · · · · · · · · · ·	<u>*</u>	<u> </u>		Name	10. Name and Address of h	ow negligion A	yent		
W F	alser, the serator oca kato	Jomas C.	E SQ	-	Street Add	dress (P.O. Box Number is Not Ac	nentable)			
70	115 Bjera (	Casa_Way	<u>+</u> 201	, [		Siess (1.0. Box Northber is Not Ac				
B	oca Kato	m, Fi s	3433	1	33					
					34 City		FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Section	ons 607.0502 and 607.	1508, Florida Statut	es, the abo	ve-named cor	rporation submits this statement for	r the purpose of	L I changing it	s registered	
office or agent. I a	regi <b>st</b> ered agent, or both, am f <b>a</b> miliar with, and acce	in the State of Florida pt the obligations of, Se	Such change was a ection 607 0505, Flo	authorized orida Statu	by the corpora tes.	ation's board of directors. I hereby	accept the appo	intment as	registered	
SIGNATURE						<del></del>				
12.	Signature, typed or printed harris of	of registered agent and the if an FICERS AND DIRECTO		L: Registered /	Agent signature requ	ared when reliabling)  ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	DP		☐ DELETE	11 1/IL	£			☐ Change	☐ Addition	
NAME	Kait Gler	da		1 2 NAN	1E					
STREET ADDRESS	800 Park	DR. E.		13 STR	EET ADDRESS					
CITY-ST-ZIP	Boca Ka	ton, FI	33432 DELETE	_	'-ST-ZIP		<del>- · · · · · · · · · · · · · · · · · · ·</del>	0	T taue-	
TITLE	PTS	<b>5</b>	L DELETE	2.1 HTL 2.2 NAM	`			☐ Change	Addition (	
NAME STREET ADDRESS	22082	Mantaga	DR.		ET ADDRESS					
CITY-ST-ZIP	Bacate	aton, El	33433		Y-ST-ZIP				ĺ	
TITLE	DUP		DELETE	3 1 TITL				Change	☐ Addition	
NAME	Yates f	lanald.	<b>5</b>	3.2 NAM	IE .					
STREET ADDRESS	5030 Ch	ampion	Brog # 20	<b>4 €</b> 33 S1RE	ET ADDRESS					
CITY - ST - ZIP	Boca K	eton, F	l pereze	_	r - \$1 - ZIP					
TITLE	Pva	<u> </u>	DELETE"	4 1 7 TL			'	Change	☐ Add₁tion	
STREET ADDRESS	1015 Be	racaca u	204 20H	4 2 NAV	ET ADDRESS	•				
CITY-ST-ZIP	Boca Ra	ton, El 3	3433		- \$T - ZIP				]	
TITLE	9 V Q		DELETE	5 1 Till I				Change	Addition	
NAME	Pearce _	Jesinee	0.0	5 2 NAM	í					
STREET ADDRESS		X Hollow	DR.	5 <b>3</b> STRE	ET ADDRESS				j	
CITY-ST-ZIP	Boca ka	ton, til	33433		- \$1 - 7:P					
TITLE			☐ DELETE	6171111		000002 -02/13/98	4297	Change	☐ Addition	
NAME CERECT APPRICES				6 2 NAM		-02/13/98	-010120:	31 DE	;	
STREET ADDRESS CITY-ST-ZIP				6.4 CITY	LL ADDRESS -ST-ZIP	***150,00		12	.12	

14. Thereby 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 logal 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 or an attachment with an address.

SIGNATURE: 

All 1-800-937-44187