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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K08730

(9)

METZGER, SONNEBORN & RUTTER, P.A.

**FILED** Apr 24 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |   |                     |   |        |  |                         |                     |                                       |                                    | 1  | a ladamare afe datal edite fanna telle m                       | H          | I OFBIL DIVIL     | FIRIT BIRD! (MA! |  |
|--|---|---------------------|---|--------|--|-------------------------|---------------------|---------------------------------------|------------------------------------|--|--|------------|-------------------|------------------|--|
| 1545 CENTRE-PARK DR., N.<br>W. PALM BEACH FL 33401<br>US                               |   |                     |   |        | PO BOX 24486<br>W. Palm Beach Fl 33401<br>US |                         |                     |                                       |                                    | DO NOT WRITE   | E IN THIS  | SPACE      |                   |                  |  |
|  |   |                     |   |        |  |                         |                     |                                       |                                    | 3. Date Incorporated or Qualified 12/23/1987                     |  |            |                   |                  |  |
| 2. Principal P   | Place of Busin                                    | ness                |   | 20     | Mailing Address                              |                         |                     |                                       |                                    |  | El Number  |            |                   | Applied For      |  |
| 21   |   |                     |   |        | 26   |                         |                     |                                       |                                    | 65-0019986   |  |            | <b>├</b> ─┼       | Not Applicable   |  |
| Suite, Apt. #, etc.  |   |                     |   |        | Suite, Apt. #, etc.                          |                         |                     |                                       |                                    | <del> </del>   |  |            |                   | Additional       |  |
| 22   |   |                     |   |        | 27   |                         |                     |                                       | <b>5</b> . C                       | Certificate of Status Desired                                    |  |            | Required          |                  |  |
| City & State   |   |                     |   |        | City & State                                 |                         |                     |                                       |                                    | 6. E   | lection Campaign Financing                                     |            | \$5.0             | May Be           |  |
| 23   |   |                     |   |        | 28   |                         |                     |                                       |                                    | 1  | rust Fund Contribution   |            |                   | d to Fees        |  |
| Zip  | Country   |                     |   |        | Zip Count                                    |                         |                     | y                                     |                                    | 8. This corporation owes or has paid the current year Intangible |  |            | Intangible        |                  |  |
| 24   | 25  |                     |   | 29     |  |                         |                     |                                       | Personal Property Tax due June 30. |  |  |            |                   |                  |  |
| 9, Name and Address of Current Registered Agent  |   |                     |   |        |  |                         |                     |                                       | Nome                               | 10. Name and Address of New Registered Agent                     |  |            |                   |                  |  |
| RUTTER, R WILLIAM JR<br>1545 CENTREPARK DR NORTH                                       |   |                     |   |        |  |                         |                     | B1 Name                               |                                    |  |  |            |                   |                  |  |
|  |   |                     |   |        |  |                         |                     | 2 Street Addre                        |                                    | ss (P.C  | ). Box Number is Not Acceptal                                  | ole)       |                   |                  |  |
| W.   | PALM BCH  | rL 3                | 3401  |        |  |                         |                     |                                       |                                    |  | <del></del>  |            |                   |                  |  |
|  |   |                     |   |        |  |                         |                     |                                       |                                    |  |  |            |                   |                  |  |
|  |   |                     |   |        |  |                         |                     | (                                     | City                               |  |  | FL         | 85 Zi             | p Code           |  |
| 11. Pursuant   | to the provis                                     | ions o              | Sections 607.050                            | 2 and  | 607 1508, Florida S                          | tatutes, th             | ne abov             | e-n                                   | named corpor                       | ration   | submits this statement for the ard of directors. I hereby acce |            | changing          | its registered   |  |
| agent. La  | registered ag<br>ım familiar wi                   | jent, o<br>ith, and | r both, in trie State<br>d accept the oblig | etions | of, Section 607.050                          | was autno<br>5, Florida | orized b<br>Statute | ytr<br>S.                             | ne corporation                     | on's bo  | ard of directors. I hereby acce                                | pt the app | ontment i         | as registered    |  |
| SIGNATURE  |   |                     |   |        |  |                         |                     |                                       |                                    |  |  |            |                   |                  |  |
| Signature, typod or printed name of registered agent and fille if applicable (NOTE: Re |   |                     |   |        |  |                         |                     |                                       | beriuper erutangia                 |  |  | DATE       |                   |                  |  |
| 12.  | PD  |                     | OFFICERS AN                                 | D DIRE | LCTORS DELETE                                |                         | 13.                 |                                       |                                    | AE   | DITIONS/CHANGES TO OFFI  | CERS AND   | DIRECTO<br>Change |                  |  |
| TITLE<br>NAME  |   | RADN                | RADRADA W                                   |        |  |                         | 1.1 TITLE           |                                       |                                    |  |  |            | L. Cilang         | a Lii Mudition   |  |
| STREET ADDRESS   | SONNEBORN, BARBARA W.<br>1545 CENTRE PARK DR., N. |                     |   |        |  |                         |                     | 1.2 NAME                              |                                    |  |  |            |                   |                  |  |
| CITY+ST-ZIP  | W. PALM BEACH FL                                  |                     |   |        |  |                         |                     | 1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |                                    |  |  |            |                   |                  |  |
| TITLE  | SVD   |                     | 1011112                                     |        | ☐ DELETE                                     |                         | 2.1 TITLE           | 31-7                                  | or                                 |  |  |            | Change            | e Addition       |  |
| NAME   |   | JR.                 | R. WILLIAM                                  |        |  |                         | 2.2 NAME            |                                       |                                    |  |  |            |                   |                  |  |
| STREET ADDRESS   |   |                     | E PARK DR., N.                              |        |  |                         | 2.3 STREE           | T AD:                                 | IDRESS                             |  |  |            |                   |                  |  |
| CITY-ST-ZIP  | W. PALI   |                     |   |        |  |                         |                     | . 4 CITY - ST - ZIP                   |                                    |  |  |            |                   |                  |  |
| TITLE  |   |                     |   |        |  |                         | 3.1 TITLE           |                                       |                                    |  |  | ,          | ☐ Change          | e 🔲 Addition     |  |
| NAME   | [   |                     |   |        |  | -                       | 3.2 NAME            |                                       |                                    |  |  |            |                   |                  |  |
| STREET ADDRESS   | 1   |                     |   |        |  | ] ;                     | 3.3 STREE           | T AD                                  | ORESS                              |  |  |            |                   |                  |  |
| CITY+\$T-ZIP   |   |                     |   |        | 3.4. 0                                       |                         |                     | ST-                                   | ZIP                                |  |  |            |                   |                  |  |
| TITLE  |   |                     |   |        | ☐ DELETE                                     |                         | 4.1 TITLE           |                                       |                                    | —  |  |            | Change            | e Addition       |  |
| NAME   |   |                     |   |        |  | J .                     | 4. 2 NAME           |                                       |                                    |  |  |            |                   |                  |  |
| STREET ADDRESS   | STREET ADDRESS                                    |                     |   |        | 4.3 S  |                         |                     | 1.3 STREET ADDRESS                    |                                    |  |  |            |                   | į                |  |
| CITY - ST - ZIP  | <u></u>   |                     | ···   |        |  |                         | 4.4 CITY - 5        | ST-Z                                  | ZIP                                |  |  |            | _                 |                  |  |
| TITLE  |   |                     |   |        | ☐ DELETE                                     |                         | 5.1 TITLE           |                                       | - 1                                |  |  |            | Change            | e 🔲 Addition     |  |
| NAME   |   |                     |   |        |  |                         | 5.2 NAME            |                                       |                                    |  |  |            |                   |                  |  |
| STREET ADDRESS   |   |                     |   |        |  | <b>.</b> .              | 5.3 STREE           | AD!                                   | DRESS                              |  |  |            |                   |                  |  |
| CITY - ST - ZIP  |   |                     |   |        | ——————————————————————————————————————       | _                       | 5.4 CITY - S        | ST-2                                  | 2IP                                |  |  |            | 1-12:             |                  |  |
| TITLE  | [   |                     |   |        | ☐ DELETE                                     | 1                       | 6.1 TITLE           |                                       |                                    |  |  |            |                   | e 🔲 Addition     |  |
| NAME   |   |                     |   |        |  |                         | 6.2 NAME            |                                       |                                    |  |  | •          |                   |                  |  |
| STREET ADDRESS   |   |                     |   |        |  |                         | 6.3 STREET          |                                       | - 1                                |  |  |            |                   | }                |  |
| CITY-S1-ZIP  | I   |                     |   |        |  | 10                      | 6.4 CITY-5          | 5T - Z                                | 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. Ffurther certify that the information indicated on this annual roport or supplemental annual roport 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 employed to a recute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or or an attachment with an address.

561-1684-2000