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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

JAYDEI	n Name	# K26/45 RUCTION COMPAN		(5) FLORIDA, INC					
Principal Plac	e of Business	<u> </u>	Mai	ling Address					
337 E INDIANTOWN RD 337 E INDIANTOWN RD SUITE 8 SUITE 8									
JUPITER FL 33477				JUPITER FL 33477				DO NOT WRITE IN THIS SPACE	_
US				US				3. Date Incorporated or Qualified	ĺ
6 Odrada d Disco d D				2a. Mailing Address				06/09/1988	_
2. Principal Place of Business								4. FEI Number Applied For Not Applied For	\exists
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$0.75 Additional	믝
22				27				5. Certificate of Status Desired Fee Regulred	-
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	_
23				28				Trust Fund Contribution Added to Fees	l
Zip	p Country			Zip Go				8. This corporation owes or has paid the current year Intangible	٦
24	25 2							Personal Property Tax due June 30. Yes No	╝
	9. Name	and Address of Current	Registe	ered Agent		<u> </u>		10. Name and Address of New Registered Agent	4
	nholtz, s'					B1	Name		
337 E INDIAN TOWN RD						82	Street Ac	Address (P.O. Box Number is Not Acceptable)	┪
SUITE 8						-			4
JUPITER FL 33477						83			
						84	City	85 Zip Code	٦
A D								FL 69 Zip code	귀
office or r agent. I a	egistered ag m familiar wit	ent, or both, in the State of the abliga	of Florida tions of,	1. Such change was Section 607.0505, F	author lorida S	ized by Statutes	the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	1
SIGNATURE									
12,	Signature, typed	or printed name of registernic ages OFFICERS AND				lered Age	int signature re	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	┥
TITLE	PD	OF FICE HS AINE.	Direct	DELETE	_	.1 TITLE	—Т	Change Addition	ᅱ
NAME	DENHOLTZ, JACK W.					1.2 NAME			Ì
STREET ADDRESS							ADDRESS		Į
CITY-ST-ZIP	4.500						T-ZIP		
TITLE	VD			☐ DELETE 2				Change Additio	ᅱ
NAME	DENHOLTZ, STEVE			2		2.2 NAME			Ì
STREET ADDRESS				235			ADDRESS		
CITY-ST-ZIP	N INCOME.				2	. 4 CITY - S	ST-ZIP		1
TITLE				DELETE		3.1 TITLE		Change Additio	7
NAME	DENHOLTZ, STEWART			3	3.2 NAME				
STREET ADDRESS		RACOASTAL DR #208			3	3 STREET	ADDRESS		ļ
CITY-ST-ZIP	JUPITER	FL	<u></u> _		3	.4. CITY - 5	ST-ZIP		╝
TITLE				DELETE		.1 TITLE		☐ Change ☐ Additio	ı
NAME						2 NAME			l
STREET ADDRESS					4	3 STREET	ADDRESS		
CITY-ST-ZIP				T Drugge	_	4 CITY - S	T-ZIP		_
TITLE				☐ DELFTE		1 TITLE	l	Change Additio	1
NAME						.2 NAME			
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP				DELETE	_	4 CITY-S 1 TITLE	1-ZIP	☐ Change ☐ Additio	ᆔ
TITLE						.2 NAME		L. Change L. Additio	
NAME CEDEST ADORSES							ADDRESS		
STREET ADDRESS CITY-SI-ZIP						.a SIRECI .a CITY-S	ľ		[
OHIT STATE					D	- UIII - D	1 - 431	<u></u>	

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 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

SIGNATURE:

FILED

May 11 1998 8:00am

Secretary of State