SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION annual **R**eport

1998

Principal Place of Business

9812 EL CLAIR RANCH RD.

**BOYNTON BEACH FL 33437** 

2. Principal Place of Business

SCHUR, J T

SUITE 111

950 N. FEDERAL HWY.

POMPANO BEACH FL 33062

Sulte, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Country

9. Name and Address of Current Registered Agent

522 MANAGEMENT CO., INC.

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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27

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9812 EL CLAIR RANCH RD.

**BOYNTON BEACH FL 33437** 

## **FILED** Jul 16 1998 8:00am Secretary of State

	* * * * * * * * * * * * * * * * * * *						
	DO NOT WRIT	DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified							
	12/15/1988						
4.	FEI Number		Applied For				
	65-0092796		Not Applica				
5.	Certificate of Status Desired		\$8.75 Additional Fee Required				
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				

Street Address (P.O. Box Number Is Not Acceptable)

City Zip Code

Country

81 Name

83

30

agent. i a	registered agent, or both, in the State of Florida. Such am familiar with, and accept the obligations of, section	change was au 607.0505, Flori	ithorized by the corporation ida Statutes.	n's board of directors. I hereby a	ccept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOT	E: Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.		OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE		Change Additi
NAME	SULLIVAN, EUGENE J.		1,2 NAME		E otherige E radius
STREET ADDRESS	9812 EL CLAIR RANCH RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D .	DELETE	2.1 TITLE		Change Addition
IAME	GARRETT, JAMES W.		2.2 NAME		
TREET ADDRESS	58 <b>O</b> CEAN AVE.		2.3 STREET ADDRESS		•
TTY-ST-ZIP	MONMOUTH BEACH NJ		2.4 CITY-ST-ZIP		
ITLE	D	DELETE	3.1 TITLE		Change Addition
AME	SULLIVAN, EUGENE M.		3.2 NAME		
TREET ADDRESS	588 MYRTLE AVE.		3.3 STREET ADDRESS		
ITY-ST-ZIP	BROOKLYN NY		3.4 CITY-ST-ZIP		
ITLE	D .	DELETE	4.1 TITLE		Change Addition
AME	SCHUR, JOYCE		4.2 NAME		
TREET ADDRESS	673Q N.W. 23RD ST.		4.3 STREET ADDRESS		
ITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP		
ITLE		DELETE	5.1 TITLE		Change Addition
IAME			5.2 NAME		
TREET ADDRESS	•		5.3 STREET ADDRESS		
ITY-ST-ZIP			5.4 CITY-ST-ZIP		
ITLE		DELETE	6.1 TITLE		Change Addition
AME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address.