

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K56513

(0)

Principal Place of Business

2375 NE OCEAN BLVD.  
STUART FL 34996

Mailing Address

2375 N.E. OCEAN BLVD.  
APT. #202, OCEAN VIEW, BUILDING D  
STUART FL 34996  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

26a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/09/1989

4. FEI Number

65-0189952

Applied For

Not Applicable

22 City & State

23 Zip

Country

27 City & State

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
FARR, NORMA G  
2375 NE OCEAN BLVD  
#202 OCEAN VIEW BLDG D  
STUART FL 34996

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MCCARTHY, JOHN F. 701 U.S. HWY ONE #402 N PALM BEACH FL	<input type="checkbox"/> DELETE	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP McCarthy, John F P.O. BOX 2329 N/A Princeton N.J. 08543-2329
TITLE	S FARR, NORMA G. 2375 NE OCEAN BLVD, APT 202, BLDG D STUART FL	<input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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.

SIGNATURE: *John S. Ulclard*

March 21 1998 609 924 1199

CR2E034 (10/97)