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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**FILED** May 01 1998 8:00am Secretary of State

Principal Place 1100 UNTON STE. C-9 DELRAY BEACUS	e of Busines BLVD.	CEAI	K66U/5		Mailing Address P. O. BOX 4727 PORTSMOUTH OUS	N/A	2				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			7
D. Delacinal Di	land of Dunie			2a. Mailing Address							02/16/1989 4. FEI Number	1.		┦
2. Principal Place of Business					26 1000 Mark				et St		74-2574589	<del></del>	plied For ot Applicable	┨
Suite, Apt. #, etc.					Suite, Apt. #, etc.				· •	<b>L</b>	- \$:	-	Additional	1
22					27 Blaa 1								quired	ı
I Citv & State					City & State				<b>1</b> 1 1	11	6. Election Campaign Financing	5.00	May Be	1
23					28 Portsmout				<u>N</u> 1	<u>n_</u>			lo Fees	1
Zip		├ <b></b> ¬	ountry		78200	. 1	<u> </u>	untry	•		8. This corporation owes or has paid the current y	_	~ -	
24					29 US&UI 30						Personal Property Tax due June 30. Ye		J No	4
9. Name and Address of Current Registered Agent									Name		10. Name and Address of New Registered Agen	<u> </u>		-
CRITCHFIELD, RICHARD H. 1100 LINTON BLVD.								81	TTOTAL				_	╛
STE. C-4									Street Address (P.O. Box Number is Not Acceptable)					1
DELRAY BEACH FL 33444								83						┨
) OL	LIVII DEN	)	09111											
								84	City		FL  85	Zip	Code	
11. Pursuant t	to the provis	ions of	Sections 607.0502	and	607.1508, Flori	da Statu	tes, the a	bove	-named	corpo	pretion submits this statement for the purpose of char	iging it	s registered	1
office or re agent. I ar	<b>egiste</b> red ag m <b>fam</b> iliar wi	ent, or ith, and	both, in the State c faccept the obligat	if Flo ions	rida Such char of, Section 607	ige was .0505, Fl	authorize Iorida Sta	d by tutes	the corp	ooratio	on's board of directors. I hereby accept the appointm	ent as	registered	
SIGNATURE			,											
	Signature, typed	or printe	d name of registered agent			(ND		o Age	erutangia tri	required	d when reinstating) DATE			Į۲
12.	- <b>D</b> -		OFFICERS AND	DIR		TI PTP	13.			_5_	ADDITIONS/CHANGES TO OFFICERS AND DIR			[\$
TITLE	WALSH, WILLIAM							1.1 TITLE		15	lalsh, William	hange	Addition	٤
NAME							16.0	00 Warked St. Bldg 1			18			
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CITY-ST-ZIP TITLE	VS				D	FLETE	2.1 T		1 - ZIP	VS		:hanne	Addition	18
NAME	GREENE	E. DOI	JG				2.2 N				cene, Douglas Dil		Щ (можен	ľ
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1	CITY-SI-ZIP PORTSMOUTH NH										Portsmouth NH 03801			1
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CITY-ST-ZIP					□ DE	ETE	_	IFY-S	T-ZIP		П,	hange	Addition	4
TITLE						CLIL	6.1 T		ł			uni iAc	I AGUIDON	
NAME CTREET ADDRESS							6.2 N		40/00coc					
STREET ADDRESS									ADORESS					
CITY-ST-ZIP	vartify that the	o inter	notion numbied with	. thric	filing does not	oualify f		OPPOP		d in S	Section 110 07(2)(i) Florida Statutos I further certifut	hat the	information	-

I nereby 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 informatio 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 eath; 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 change the chapter forms attachment with an address.

Daries 6. 6 Recen