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 #

L05188

(2)

FLACHI, INC.

Principal Place of Business

C/O ZAY MANAGEMENT

Mailing Address

C/O ZAY MANAGEMENT 1191 E. NEWPORT CENTER DR.

FILED Apr 16 1998 8:00am Secretary of State



	E. NEWPORT CENTER DR. 1191 E. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified		
2. Principal Place of Business 21 166 West Newport (ext. 26 1166 West			Manageme	ent 07/27/1989	
2. Principal Pl	ace of Business	2a. Mailing Address	Manageme 1 m	4. FEI Number	Applied For
21 1/66	West Newport (ent	26 1166 YYes	* Newport	65-0137003	Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt, #, etc.	,	5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	^ 1 - N	City & State	1 0 1 -	6. Election Campaign Financing	\$5.00 May Be
23 Deerf	field Beach R	28 Deertield	Beach F	Trust Fund Contribution	Added to Fees
			Country	8. This corporation owes or has paid the cur	rent year Intangible
24 374	7 20 - 0 17	<u></u>	30 WH		Yes No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
YOUNG, JAMES L					
1191 E NEWPORT CENTER OR 82 Street Address (P.O. Box Number is Not Acceptable)					
DEERFIELD BCH FL 33442 1166 West Newport Center Dire					
83 Secte 114					
			84 City	6.11.0	R5 Zin Code
			pe	ertield Beach FL	33842
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above-named co	proporation 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 familia with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _	Jana I		ames L	Your 4/9	198
	analure, lyped or printed name of register agent		Registered Agent signature req	guired when reintering) DATE	<u></u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DPS	☐ DELET e	1.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, NELSON P		1.2 NAME		
STREET ADDRESS	1191 E NEWPORT CENTER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		1.4 CITY - ST- ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		Change Addition
NAME	YOUNG, JAMES L		2.2 NAME		
STREET ADDRESS	1191 E NEWPORT CENTER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BOH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET 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 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 changed, or on an attachment with an address.					