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

PROFIT CORPORATION ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998			П	Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
Ę	OCUI	MENT # Name X CORPOR		(3)					, J		
	JETTWA	w bonron	KIION								
Principal Place of Business Mailing Address								1 PROGRAMI OF CONTOUR CONTOUR FACES FLOOR CONT	il Oborf Ololi Birli O		i Bib ili 1881
1331 SW DIXIE HWY 1331 SW DIXIE HWY											
POMPANO BEACH FL 33080				POMPANO BEACH FL 331 US	POMPANO BEACH FL 33080 US			DO NOT WRITE	IN THIS SPAC	E	
								3. Date Incorporated or Qualified			
-	Principal P	Place of Business	e	2a. Mailing Address				08/11/1989 4. FEI Number		TAS	plied For
21	TillCipari	tace of business	,	26				65-0168257			ot Applicable
	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8	$\overline{}$	Additional
22				27				5. Certificate of Status Desired		Fee Re	
23	City & State	0		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
	Zip		Country	Zip	Cour	try		8. This corporation owes or has pa			
24		25	<u> </u>		30	. 		Personal Property Tax due June	30. 🔀 Ye	s [] No
9. Name and Address of Current Registered Agent						Name		10. Name and Address of New Re	gistered Agen	<u>t</u>	
FREDERICK, T H JR											
1331 J DIXIE HWY W POMPANO BEACH FL 33060						32 Stree	t Addres	ss (P.O. Box Number is Not Acceptat	ole)		
TOTAL PART DESCRIPTE COORD						33		• •	-		
						4 City		, , , , , , , , , , , , , , , , , , ,	- 85	Zip (Code
									FL	'	
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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										iging its ient as	s registered registered
	•	ım famılıar with,	and accept the obliga	ations of, Section 607.0505, Flo	orida Statu	tes.					
SIGNATURE Signature, typed or prieted name of registered agent and tele if applicable (NOTE Reg						Agent signatu	ure required	when reinstating)	DATE		
12		-	OFFICERS AND	DIRECTORS DELETE	13.		1 =	ADDITIONS/CHANGES TO OFFICE			
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1	Y-ST-ZIP	POMPANO				'- ST - ZIP	Po	18by Hay 31 S. Dixie Hwy#B mpano Boh 182 330	X0		
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NAN					6.2 NAN					J -	
STR	LEET ADDRESS				6.3 STR	EFT ADDRESS	;				
cir	Y-ST-ZIP				6.4 CITY	-\$1-7IP					

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 changes or on an attachment with an address.

FILED

Apr 22 1998 8:00am