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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCU	MENT # L14410) (9)				
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01711142		7014 1110			2 3 0 0 74 011 00 1 110 12 0 70 13 0 1 011 0 0 14	AN B (B)) B(B); B(B) B(B) B(B)
Principal Place of Business Mailing Address						<i>j</i> i, 818% (1811 818% 618% 148%
•		· ·	Ü			
990 E ROGE STE 1	RS CIR	990 E ROGERS CIR STE 1	990 E ROGERS CIR STE 1			
BOCA RATON FL 33487		BOCA RATON FL 33487	*		DO NOT WRITE IN THIS SPACE	
US		U\$	US		3. Date Incorporated or Qualified	
A Dringing I	Place of Business	Los Mailing Address			09/05/1989 4. FEI Number	A - Cad Ca
<u> </u>	Tace of Business	2a. Mailing Address				Applied For Not Applicable
21 2 2 2 2 2 2 2 2 2		Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0145792	\$8.75 Additional
22	.,	27	·٦		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	У	8. This corporation owes or has paid the c	
24 25 29			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent				Name	10. Name and Address of New Hegistered	a Agent
JOHNSON, RAYNARD A			81			
	9 N.E. 39TH STREET HTE 360		82	Street Add	Address (P.O. Box Number is Not Acceptable)	
	ICA RATON FL 33431		83	83		
DC.	OA RATOR I E 3343 I					
			84 City		Fi	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statul	es, the abov	o-named cor	poration submits this statement for the purpose	of changing its registered
agent. I a	registered agent, or poor, in the state am f <mark>amiliar with, and a</mark> ccept the obliga	of Hondal Such Change was ations of, Section 607.05 <mark>05, F</mark> I	erida Statute	y ine corpora s.	ition's board of directors. I hereby accept the ap	spointment as registered
SIGNATURE						
40	Signature: typed or pointed name of registered ago			ent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
12.			13.		ADDITIONS/CHAINGES TO OFFICENS AT	Change Addition
NAME	JOHNSON, RAYNARD A		1.2 NAME			
STREET ADDRESS	789 N.E. 39TH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - \$1 - ZIP			
TITLE	17.0 □ DITETE		2.1 TITLE			Change Addition
NAME	THOMAS P. SCALERA		2.2 NAME			
STREET ADDRESS	THOMAS P. SCAPERA ADDRESS 21095 RUSTIC WOOD TWO BUT PATON FC. 3348		2.3 STREET ADDRESS			
CHY-ST-ZIP BUA FATON FC. 33Y28			2 4 CITY - ST - 7IP			
THILE .	DELETE		3 1 111LE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	S		3.3 STHEFT	· ·		
CITY-ST-ZIP TITLE	DELETE		3.4. CITY-1	ST-ZIP		Change Addition
NAME	La Milli		4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	}		
TITLE	The state of the s		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	51 • 7/P		
TITLE	DELETE 6		6.1 TATLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-S1-ZIP 6.4 (14. Thereby cortify that the information supplied with this filing does not qualify for the ex-				ST-7/P	Spolion 119 07(3)(i) Florida Statutos I further a	cartify that the information
indicated	on this applied report or equilibrium	in and ming dood flot quality if	or the exemp	at my einnati	r acction is 19.07 (a)(i), Florida Statutes. Flumfer (ito shall have the same legal effect as if made i	andor oath: that Law an

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 ar 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.

FILED

Jan 20 1998 8:00am

Secretary of State