## 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

1. Corporation	MENT # L7808( ID J. EGAN, P.A.	) (3)								
Principal Plac	e of Business	Mailing Address				$\dashv$	1 ( <b>70) (8</b> % <b>5</b> 0) 18 <b>08</b> : 18% 88 86 10% 10%	EINN DIEK DANK DI		I 818A (88)
9055 CHRYSANTHEMUN DR 9055 CHRYSANTHEMUN DR										
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 334									_	
						_	DO NOT WRITE I	IN THIS SPACE		
						3	Date Incorporated or Qualified			
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4	06/04/1990 FEI Number		TĀr	plied For
21		26				NOT APPLICABLE		<del></del>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				٠,	. Certificate of Status Desired	□ \$8.		Additional
22		27			_ l°	. Certificate of Status Desired	F:	ee Re	quired	
City & Stat	е	City & State			6	. Election Campaign Financing			May Be	
23		Zip Country				Trust Fund Contribution			to Fees	
Zip 24	Country 25	Zip	30	Jritry		8.	. This corporation owes or has paid			angible <del>1 No</del>
24	9. Name and Address of Currer	29 29 Agent	[30]			10	Personal Property Tax due June 3  Name and Address of New Reg		7	4-140
EG	AN, GERALD J.			81	Name					
9055 CHRYSANTHEMUN DR				82	Stroot Ado	drope (	P.O. Box Number is Not Acceptable	۸۱		
BOYNTON BEACH FL 33437				52 Street Add			F.O. BOX NUMBER IS NOT Acceptable	0)		
				83						
				84	City		·	<b></b> 85	Zip (	Code
					•			- FL	•	
office or r agent. I a SIGNATURE	to the provisions of Sactions 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age				The corpora			the appointme	nt as	registered
12.	OFFICERS AN		13.		<del></del>		ADDITIONS/CHANGES TO OFFICE			
TITLE	DP .	DELETE	1.1 TI					☐ Cha	ange	☐ Addition
NAME	EGAN, GERALD J		1.2 N							
STREET ADDRESS	9055 CHRYSANTHEMUN DR				ADDRESS					
CITY-ST-ZIP TITLE	<u>BOYNTON BEACH FL</u>	DELETE	2.1 TI	TV-ST-	- 2112			☐ Cha	аппе	Addition
NAME			2.2 N					L 4	ango	- Haditon
STREET ADDRESS			9		DDRESS					
CITY-ST-ZIP				HTY-ST						
TITLE		☐ DELET <b>e</b>	3.1 TI					Cha	ange	Addition
NAME			3.2 N/	AME						
STREET ADDRESS			3.3 ST	FREET A	DDRESS					
CITY-ST-ZIP		DECETE		TY-ST	- ZIP			По		
TITLE		DELETE	4.1 Ti					L Cha	ange	Addition
NAME CTOPET ADDRESS			4. 2 N		pontee					
STREET ADDRESS CITY-ST-ZIP			- 1	TY-ST-	DDRESS - 71P					
TITLE		DELET <b>e</b>	5.1 Tr		411			☐ Cha	ange	☐ Addition
NAME			5.2 N/						_	
STREET ADDRESS	NAME OF THE PARTY		5.3 \$1	REET A	DDRESS					
CfTY-ST-ZIP			5.4 CI	TY-\$1-	- ŽIP					
TITLE	<del></del>	DELETE	6.1 71	TLE				Cha	ange	Addition
NAME			6.2 N/							
STREET ADDRESS			6.3 \$7	REE1 A	DORESS					
Lord er am			E 0.401	T11 DT	710 I					

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 changed, or on an attachment with an address

FILED

Jan 20 1998 8:00am

Secretary of State