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

STREET ADDRESS

	CUMENT # L. RETERMINE COMPA		8)					
Principal Place of Business Mailing Address						T DEBUGEN ORN HOLEN BUILD STOLD BUILD HIS BUIL	1811 81811 8181	100011301
% GEORGE B. KILBORNE, JR. PO BOX 2035 PALM BEACH FL 33480		PO BOX 2035	% GEORGE B. KILBORNE. JR. PO BOX 2035 PALM BEACH FL 33480			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1990		
2. Princip	al Place of Business	2a. Mailing Ac	2a. Mailing Address			4. FEI Number	- Ar	plied For
21		26	26			65-0202526	No	t Applicable
Sulte,	Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22	State	27 Cdu 8 Stot	City & State				Fee Re	-i
City & 23	State	28	ie			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zip	Count			Country		8. This corporation owes or has paid the curr		
24	25	29	30					No
	9. Name and Addr	ess of Current Registered Agen	t			10. Name and Address of New Registered A	.gent	
	KILBORNE, GEORGE, J	IR.		81	Name			
3120 VINCENT RD					Street Ac	ddress (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33405				83				
					City	FL	85 Zip (Code
11. Pursu office agen SIGNATU	t. I am familiar with, and so	ctions 607.0502 and 607.1508, Fid th, in the State of Horida. Such ch cept the obligations of, Section 60 to tregistered agent and title applicable	07.0505, Florida	Statutes		orporation submits this statement for the purpose of pration's board of directors. I hereby accept the apportunity and the property of the pro	changing it intment as	s registered registered
12.	7 - (OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	P		1.1 TITLE			Change	Addition
NAME	KILBORNE, G BR			1.2 NAME				
STREET ADDR	WEST SALM BEA			1.3 STREET				
CITY-ST-ZIP	WEST FALM BEA		DELETE	1.4 CITY-S' 2.1 TITLE	1 - ZIP		Change	Addition
NAME		-		2.2 NAME			_ •	_
STREET ADDR	IESS			2.3 STREET	ADDRESS	Š.		
CITY-ST-ZIP				2. 4 CITY - S	T-ZIP			
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDR	RESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	-		DCLETE	3.4. CITY - S	T - ZIP		Change	Addition
TITLE			DELETE	4 1 TITLE			Ghange	☐ Addition
NAME Street adda	nece			4 2 NAME 4 3 STREET	Anneree			
CITY-ST-ZIP	1			4 4 CITY-SI				
TITLE			DELETE	51 TITLE			Change	Addition
NAME				5.2 NAME			•	
STREET ADDA	ESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - ST				
TITLE			DELETE	61 TITLE			Change	Addition
I	1				- 1			

6.4 C(TY - ST - Z(P 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 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.

6.3 STREET ADDRESS

FILED

Feb 05 1998 8:00am

Secretary of State