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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

7	1998	N. S.		OIVISION OF C			ONS	Secretary	of S	tate
	MENT on Name R TUNE, IN		)	(4)				A NEW YORK OR A CENTER ENVIRONMENT SERVICE DE LA CARRA	<u>                                     </u>	iek <b>a</b> n <b>a</b> n i <b>na</b> i
Principal Plac	n of Duninger		Maitas Ad	4						
Principal Place of Business Mailing Address					•				6/6/1 /621	
				6PETER F GEORGE 1269 ACORN PALM RD						
FT. LAUDERDALE FL 33312			BOCA RATON FL 33432					DO NOT WRITE IN THIS	SPACE	
US								3. Date incorporated or Qualified		
A Dringing F	Place of Busine		2a. Mailing	6 d d				06/05/1990		
21 Principal F	riace of Busine	88	28. Mailing	Address				4. Fet Number	-	pplied For ot Applicable
Suite, Apt.	#, etc.	······································		pt. #, etc.				65-0193596		Additional
22			27					5. Certificate of Status Desired		equired
City & Stat	te		City & S	tate	*			6. Election Campaign Financing		May Be
<b>23</b> Zip	T	Country	28 Zip	·	Cou	ntru		Trust Fund Contribution		to Fees
24	ļ,	5	29	<u> </u>	30	nuy		<ol><li>This corporation owes or has paid the or Personal Property Tax due June 30.</li></ol>		itangible No
<u></u> 1		nd Address of Curren			30]			10. Name and Address of New Registered		
GF	ORGE, PETE	RF			,	81	Name			
2269 ACORN PALM RD					82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33432						_				
						63				
					84	City	F	<b>85</b> Zip	Code	
11. Pursuant	to the provision	ns of Sections 607.0502	? and 607.1508,	Florida Statute:	s, the ab	ove	-named corp		of changing	its registered
office or r agent. I s	registered age am familiar with	nt, or both, in the State i, and accept the obliga	of Florida. Such itions of Section	change was au 607.0505, Flor	uthorized ida Stati	by utes	the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE										
	Signature, typed o	profind name of legistered ager		(NOTE	_	Age	nt signature requir	ed when reinstating) DATE		
TITLE	<u> </u>	OFFICERS AND		DELETE	13.	1.5		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO Change	RS IN 12 Addition
NAME	_	PETER F	L		1.2 NA				□ ciraige	L_J AGGILION
STREET ADDRESS		ORN PALM RD					ADDRESS			
CITY-ST-ZIP	BOCA RA				1.4 CiT					
TITLE	D		I	DELETE	2.1 TIT				Change	Addition
NAME	GEORGE	BARBARA			2.2 NA	ME				
STREET ADDRESS		orn Palm <del>r</del> d			2.3 \$11	REET	ADDRESS	*• <sub>6</sub> ,		
CITY-ST-ZIP	BOCA RA	TON FL			2. 4 CI	TY-\$	T-ZiP			
	,									
TITLE				DELETE	3.1 TiT				Change	Addition
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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 corporation of the

**SIGNATURE:** 

**FILED** 

Mar 30 1998 8:00am