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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # L93907 Principal Place of Business 112 S FED HWY POMPANO BEACH FL 33062 2. Principal Place of Business 21

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

	1990						
	MENT # L9390 PRATE PRINTING AND PROM	•	3)				
Principal Place of Business Mailing Address						HI 01811 01871 11811 01811 1881	
112 S FED HWY POMPANO BEACH FL 33062 US		112 S FEDERAL HWY POMPANO BEACH FL 33062 US			DO NOT WRITE IN THIS S	SPACE	
					 Date Incorporated or Qualified 08/09/1990 		
2. Principal P	lace of Business		2a. Mailing Address 26		4. FEI Number 59-3026978	Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, €	tc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	~~~, ` ~~~		8. This corporation owes or has paid the current year Intangible		
24	25	29	[30]			Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
RIVET, LETHA 112 6 FEDERAL HWY POMPANO BEACH FL 33062				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				B4 City	FL	85 Zip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	of Florida. Such change	e was authorize	d by the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered ointment as registered	
SIGNATURE	Signature, lyped or printed name of registered agen	t and trie if applicable	/NOTE: Barrietara	d Agent signature requ	ired when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.	o Affair signatore rado	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	DPS	DELI		317	ADDITIONO/OTANGEO TO OFFICENS AND	Change Addition	
NAME	RIVET, LETHA	_ bcc	1.2 N			coming reducted)	
STREET ADORESS	AAA A PEARALL LINES			FREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL		ľ	TY-ST-ZIP			
TITLE	T	☐ DELE				Change Addition	
NAME	RIVET, LETHA		2.2 N	AME			

FILED

Mar 04 1998 8:00am

Secretary of State

SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature require OFFICERS AND DIRECTORS 12. 13. DPS DELETE TITLE 1.1 TITLE RIVET, LETHA NAME 1.2 NAME 112 S FEDERAL HWY STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE RIVET, LETHA 2.2 NAME 112 S FEDERAL HWY STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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.

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