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

DOCUMENT #

1 97098

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FILED
May 13 1998 8:00am
Secretary of State

1. Corporatio	POSA WOF	RLD, INC.		(9)									
Principal Plac	e of Business		Mailing	Address					4 TABATALI NYE TAYAT KENIL BENYE KANI	ii fath ainii	AIBHL ALALL ÁIDH I	(IBAL BLOSS (BA)	
3370 BEAU RIVAGE 3370 BEAU RIVAGE													
#02 POMPANO	BEACH FL 330	64	#02 POM	POMPANO BEACH FL 33064					DO NOT WRITE IN THIS SPACE				
-U\$		US	U\$							indep			
	lace of Busines	SS	2a. Mail	2a. Mailing Address				4. FEI Number		Ar	oplied For]	
Suite, Apt. #, etc.			26					65:0217810	Not Applicable \$8.75 Additional			킼	
22 Suite, Apr.	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$6.75 /		10
City & Stat	e			City & State					6. Election Campaign Financing			May Be	-
23			28						Trust Fund Contribution			to Fees	1
Zip		Country	Ζφ				,		8. This corporation owes or has paid the current year Intangible				7
24	25		29					Personal Property Tax due June 30,			Yes 🗌 No		
		nd Address of Curre	nt Registered	Agent		81	Name		10. Name and Address of New R	egistered	Agent		4
	COGSWELL, J						IVAINE					_	
	8 N. OCEAN						Street	Addre	ss (P.O. Box Number is Not Accepta	is Not Acceptable)			
	OMPANO BE	ACH FL 33062				83							\dashv
													╛
						84	City			Fl	85 Zip	Code	
office or r agent. La SIGNATURE	m familiar with	and accept the obli	gations of, Sec	cable (NC	lorida Stat	tutes	S.		n's board of directors. I hereby acce d when reinstating)	DATE			
12.		OFFICERS A	ND DIRECTOR	S DELETE	13.	T) F		т	ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR Change	RS IN 12 Addition	18
TITLE				□ OECETE	1.1 T/			1			L'1 rusuite	L_ Addition	֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
NAME Street address		EAU RIVAGE DR. #	ino	1.2 N									18
CITY-ST-ZIP	POMPAI					1,3 STREET ADDRESS 1.4 City-St-Zip						18	
TITLE	-VP	10 DENOTITE OU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	2.1 TJ			 -			Change	Addition	7
NAME		ELL, SCOT A			22 N/	AME							
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CITY-ST-ZIP	POMPA	NO BEACH FL 330)64		2.40	ITY-5	ST-ZIP	<u>L</u> .					_
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NAME					3.2 N/	AME		1					1
STREET ADDRESS							address						
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CITY-ST-ZIP TITLE	ST-ZIP DELETE				44 CITY-ST-ZIP 51 TITLE					Change	Addition	7	
NAME	··· ·				5.2 NAME								
STREET ADDRESS	}						ADDRESS	İ					
CITY-ST-ZIP					5.4 CI								
TITLE				DELETE	6.1 10			1			Change	Addition	
NAME)				6.2 N/	AME		Ì					
STREET ADDRESS					6.3 51	TREET	ADDRESS						
CITY-ST-ZIP					640	TY-S	T - ZIP						4

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 frue 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 availablement with an address.