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**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

**(7)** 

## **FILED** Apr 14 1998 8:00am Secretary of State

21 26 65-02 15603 N  Suite, Apt. #, etc. 22 2 5. Certificate of Status Desired Fee R  City & State 6. Election Campaign Financing \$5.00  28 7 Country 7 Country 8. This corporation owes or has paid the current year in	
SUITE 500 WEST PALM BEACH FL 33401 US  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 05/04/1990 4. FEI Number 65-0215603  Suito, Apr. #, etc. 27 Suito, Apr. #, etc. 28 City & State 29 City & State 29 Country 29 29 20 Country 20 20 S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Addr	t Applicable
US  3. Date Incorporated or Qualified O9/04/1990  2. Principal Place of Business   2a. Mailing Address   4. FEI Number   65-02 15603   N. William   65-02 15	t Applicable
2. Principal Place of Business   2a. Mailing Address   3. Fill Number   3.	t Applicable
2. Mailing Address   2a. Mailing Address   4. FEI Number   A. School 18603   N. Scho	t Applicable
Suite, Apt. #, etc.  Suite, Ap	t Applicable
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City & State  Country  28  Country  28  Country  28  Country  29  30  Country  8. This corporation owes or has paid the current year in Personal Property Tax due June 30.	
Zip	quired
Zip	May Be
24	
9. Name and Address of Current Registered Agent  CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BLDG. 100 CHOPIN PLAZA MIAMI FL 33131  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Soctions 607,0502 and 607,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing i office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. Lam familier with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Bignature, hysed or profind raine of traysleved agent and their in agreedable.  OFFICE RS AND DIRECTORS  12. OFFICE RS AND DIRECTORS  TITLE  WP  REIBLING, LORENZ  1400 E NEWPORT CENTER DR STE 500  WEST PALM BEACH FL  TITLE  P  MAJE  ACKERMANS, GERHARD  22 NAME  13 NAME  14 DITY. 51-2IP  TITLE  VP  ACKERMANS, GERHARD  22 NAME  32 NAME  32 STREET ADDRESS  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  33 SIREET ADDRESS  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  WP PALM BCH FL  TITLE  VP  DELETE  31 TITLE  VP  ACKERMANS, GUENTHER  32 NAME  33 NAME  42 NAME  REIBLING, GUENTHER  TITLE  VP  DELETE  31 TITLE  ACKERMANS  32 NAME  42 NAME  REIBLING, GUENTHER  TITLE  VP  ACKERMANS  REFLADORESS  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  33 SIRRET ADDRESS  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  34 CITY-51-2IP  TITLE  VP  ACKERMANS, GUENTHER  TITLE  VP  ACKERMANS, GUENTHER  ACKERMANS, GUENTHER  TITLE  VP  ACKERMANS  ACKERMAN	
CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BLDG. 100 CHOPN PLAZA MIAMI FL 33131  84 City  FL 85 Zip  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Statules, the above-named corporation submits this statement for the purpose of changing of office or registered agent and accept the chilegators of, Section 607.6505, Florida Statules  SIGNATURE  Signature  Signature  Signature  Signature, systed or pretting name of registered agent attent agent advants registed when translating)  DATE  12. OF FICE AS AND DIRE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  WEST PALM BEACH FL  1400 E NEWPORT CENTER DR STE 500  WEST PALM BEACH FL  ITILE  P Clange  WP ALM BCH FL  OFFICE 31 TITLE  1 TITLE  1 Change  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  W PALM BCH FL  OFFICE 31 TITLE  32 NAME  VOELKEL, MARKUS  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  W PALM BCH FL  OFFICE 31 TITLE  32 NAME  42 NAME  ACITY-S1-2IP  TITLE  VP  REBLING, GUENTHER  140 Change  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  W PALM BCH FL  OFFICE 31 TITLE  33 SIRRET ADDRESS  GITY-S1-2IP  TITLE  VP  REBLING, GUENTHER  41 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  W PALM BCH FL  Change  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  W PALM BCH FL  Change  C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500  C/O 250 AUSTRALIAN AVENUE SOUTH	No
150 EDWARD BALL BLDG. 100 CHOPN PLAZA MIAMI FL 33131  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or preton have of regulated agent and that it applicable.  OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  VP  AUME  REBUNG, LORENZ  13. SIREET ADDRESS  1400 E. NEWPORT CENTER DR STE 500  CITY-ST-ZIP  TITLE  VP  ACKERMANS, GERHARD  CIO 250 AUSTRALIAN AVENUE SOUTH SUITE 500  SIREET ADDRESS  CITY-ST-ZIP  TITLE  VP  AMME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  VP  AMME  REBUNG, QUENTHER  Change  CITY-ST-ZIP  TITLE  VP  AMME  REBUNG, QUENTHER  Change  CITY-ST-ZIP  Change  CITY-ST-ZIP  TITLE  VP  AMME  REBUNG, QUENTHER  Change  CITY-ST-ZIP  CHANGE	
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MIAM! FL 33131  B3  City  FL 85  Zip  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing in office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familier with, and accept the obligations of, Soction 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familier with, and accept the obligations of, Soction 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in office or registered by the corporation's board of directors. I hereby accept the appointment as agent. I am familier with, and accept the obligations of, Soction 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in other or registered by the corporation's board of directors. I hereby accept the appointment as agent. I am familier with, and accept the obligations of, Soction 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in or both accept the displaced by the corporation's board of directors. I hereby accept the appointment as agent.  It all the purpose of change agent. I am familier applicable by the corporation's board of directors. I hereby accept the depointment as agent.  It all the purpose of change agent. I am familier applicable by the corporation's board of directors. I hereby accept the depointment as agent.  It all the purpose of corporation accepts the appointment as a submits this statement for the purpose of changing in the proposed of the purpose of changing in the purpose of changing in the purpose of changing in the purp	1
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SIGNATURE    Signature, typed or pretent name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE	registered
SIGNATURE    Signature, typed or pretent name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE	egistered
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 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	Addition Addition

indicated on this annual report or supplied with this limit does not quality for me exemption stated in section 1.19.07(3)(f), Florida Statutes. Floriner certify that the informatic indicated on this annual report or supplied which are supplied with an 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 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 a state that it is an address.

**SIGNATURE:**