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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

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**FILED** 

Jan 15 1998 8:00am

Secretary of State

2. Principal Place of Business 2. Mailling Address 4. FEI Number Applied For Not Applied Suite, Apt. #, etc. Suite, Apt. #, etc.  2. City & State City & State City & State  2. Country  Suite, Apt. #, etc. City & State City & State Country  Suite, Apt. #, etc. City & State City & State Country  Suite, Apt. #, etc. City & State City & State Country  Suite, Apt. #, etc. City & State City & State City & State Country Country  Suite, Apt. #, etc. City & State City & State City & State Country C	able
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & St	ય
22   City & State   City & City & State   City & Ci	
23 Trust Fund Contribution Added to Fees	
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G. The coporation cross of the part the	
24 25 29 30 Personal Property Tax due June 30. 29 No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent	—
TYSON, MICHAEL 81 Name	
9180 NICKELS BLVD.  82 Street Address (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33436	
83	
84 City FL 85 Zip Code	-
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 its register 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Stansture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	ed .
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD DELETE 1.1 TITLE Change Add	lition
NAME TYSON, MICHAEL 12 NAME	Ì
STREET ADDRESS 9180 NICKELS BLVD. 1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 1.4 CITY-ST-ZIP	
TITLE V DELETE 2.1 TITLE XX Change Add	lition
NAME ASH, ROBERT 22 NAME Robert Ash	
STREET ADDRESS 920 HANSEN ST 23 STREET ADDRESS 10490 Paddock Drive	
CITY-ST-ZIP W PALM BEACH FL 2.4 CITY-ST-ZIP Wellington, Fl. 33414	fition
NAME 3.2 NAME	
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NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS	

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.

561 994-3772