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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M24186

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BREWER AND ASSOCIATES, P.A.

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Secretary of State	

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	GRESS AVENUE. STE. 2C	2135 S CONGRESS AVE						
2B W. Palm Beach Fl 33406		2-B W. Palin-Beach Fl 3340	6	DO NOT WRIT	TE IN THIS SPA	CE		
US		US			3. Date Incorporated or Qualified			
	*			12/04/1985				
2. Principal Pl	ace of Business SWITE 4	2a. Mailing Address		4. FEI Number		Ap	plied For	
1 153	hi Forcest hick by	15 21 FON	1351 HILL BL	59-2616742		No	ot Applicat	
Suite, Apt. :	#, e1c.	Suite, Apt. #, etc.	1244	5. Certificate of Status Desired	5	8.75 / Fee Re	Additional equired	
City & State	Palm Duach Fl	City & State	Linn Booth	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	May Be to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has p	paid the current	year Int	angible	
4 334			30 USA	Personal Property Tax due Jur			No	
	9. Name and Address of Curre DIGO, BRUCE	ent Registered Agent	81 Name	10. Name and Address of New F	Registered Age	nt		
SUI W.		Suite # 4 Suite # 4 Dest palm Ro	241 84 City FL 53406	ldress (P.O. Box Number is Not Accept	FL ⁸	- '	Code	
	to the provisions of Costions 607.06	.00 and COZ 1600 Elacida Ctatutas	s the above period on	reporation outpoits this etatement for the	a number of obt			
•	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607.1508, Florida Sta tutes te of Florida. Such change was au gations of, Section 607.0505, Flori	s, the above-named co thorized by the corpor- ida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	e purpose of cha ept the appoint	inging it ment as	registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE:	Registered Agent signature req	guired when reinstating)	DATE			
SIGNATURE	Si gnature, typod or printed name of registered a OFFICERS AI	geni and bille if applicable (NO1L: ND DIRECTORS	Registered Agent signature req		DATE ICERS AND DIE	RECTOR	IS IN 12	
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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.