FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								- FILED			
CO	PROFIT RPORATION UAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Jan 29 1998 8:00am Secretary of State					
1. Corporate	MENT # [on Name N J. LOUIE, M.[V137424)., p.a.	(2))					~		
Principal Place of Business Mailing Address 5507 S. CONGRESS AVENUE 5507 S. CONGRESS AVENUE SUITE 140 SUITE 140 ATLANTIS FL 33462-1145 ATLANTIS FL 33462-1145 08 08								DO NOT WRIT			
								08/27/1986			
L '	Place of Business		2a. Mailing Address					4. FEI Number			Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					59-2710378			Not Applicable
22			27					5. Certificate of Status Desired			5 Additional Required
City & Stat	e		City & State					6. Election Campaign Financing	_		00 May Be
Zip	Cou	ntrv	28	Co	untry	,		Trust Fund Contribution			ed to Fees
24	25	,	29	30				This corporation owes or has p Personal Property Tax due June		irrent year □ Yes	Intangible ☐ No
- 1	9. Name and Add	iress of Current F	Registered Agent	155				10. Name and Address of New R			
	HNEIDER, JOHN C				81	Name	•				
505 SOUTH FLAGLER DR. STE 1001						Street	Addre	ss (P.O. Box Number is Not Accepta	ble)		
440 ROYAL PALM WAY, PARK CENTRE, #203								· · · · · · · · · · · · · · · · · · ·			
W.	PALM BEACH FL	33401			83						
					84				FL	_	ip Code
	to the provisions of Se registered agent, or be im familiar with, and a	ections 607.0502 a oth, in the State of ocept the obligation	ind 607.1508, Florida S Florida. Such change v ins of, Section 607.0509	tatutes, the a vas authorize 5, Florida Sta	above ed by atutes	s-nameo the cor s.	corporporporatio	ration submits this statement for the n's board of directors. I hereby acce	ourpose o	of changing pointment	g its registered as registered
SIGNATURE	Signature, typed or printed no	ame of registered agent a	nd title if applicable.	(NOTE: Register	ed Age	nt signatur	e required	I when reinstating)	DATE		
12.		OFFICERS AND E		13.				ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECT	ORS IN 12
TITLE	DP	_	☐ DELETE		ME					Chang	e
NAME	Louie, Steven 3965 NW 53RD				IAME						
STREET ADDRESS CITY-ST-ZIP	BOCA RATON F					ADDRESS					
TITLE	DOORTINION		DELETE		XTY-S	1-ZIP				Chang	e Addition
NAME					IAME						
STREET ADDRESS				2.3 9	TREET	ADDRESS					
CITY-ST-ZIP					CITY-S	T-ZIP					
TITLE			L DELETE							Change	e
NAME					IAME						
STREET ADDRESS						ADORESS					
CITY-ST-ZIP TITLE			DELETE		CITY-S ITI F	T-ZiP	_			Change	e Addition
NAME					VAME					0.000	- La Addition
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 0	ITY-SI	-ZIP					
TITLE			☐ DELETE	5.1 T						Change	Addition
NAME					AME						
STREET ADDRESS					TREET /	ADDRESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change

___ Addition

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS