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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 18 1998 8:00am Secretary of State

| DOCU 1. Corporalio | IMENT # M563 | 85 | | İ | |
|---|---|---|---|--|---|
| Moi | re mice, wc | | · · | | |
| Principal Plac | ce of Business | Mailing Address | 4. 4 | _ | |
| 10 | , BOX 64-4363 | 9° 4 11 | 20136X | | |
| | AO BRACH RC 32964 | 0 | | DO NOT WRITE IN THIS | S SPACE |
| V.E. | NO PERIOR | | VOID BOSEN FILL 32964 | 3. Date Incorporated or Qualified | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt | # 010 | Suite, Apt. #, etc. | | 39-2829219 | Not Applicable |
| 22 Soile, Apr | #. etc. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | le | City & State | | Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the cu | urrent year Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| ļ | 9. Name and Address of Current | t Registered Agent | | 10. Name and Address of New Registered | Agent |
| 100 | ENEVIEUR KRONS | 5417 | 81 Name | | |
| عاد ا | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| 1 | 826 Idis LAN | = | 83 | | |
| | VERO BEACH | RL 32967 | 03 | | |
| | - | | 84 City | Fi | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607 0502 | 2 and 607 1508 Florida Statu | ites, the above-named corno | oration submits this statement for the purpose of | of changing its registered |
| office or r | registered agent, or both, in the State of | of Florida, Such change was | authorized by the corporation | on's board of directors. Thereby accept the app | pointment as registered |
| agent. ra | ani ia awai wan and accept the obligh | iionswi. Secilon Guz u sista z | | | |
| | / (XM///XVPUX 94) | Laustas | GRICIAND | Vanuation mas | 6/08 |
| SIGNATURE (| Signature: Typied or pended minit, of registered agent | Kungsa | GARRILLOR Agent signature requires | KNOWSTADT PAGE 3 | 1/98 |
| SIGNATURE (| Supplied by parallel fraction of registered agents OF FICE RS AND | c and the diaparcable (NC | CELLENEUR | KNOWSTADT PAGE 3 | 19/98 |
| 12. TITLE | OFFICERS AND | of analysis of the diagrammatic (NC) DIRECTORS DELETE | TE: Registered Agent signature require | d when reinstaling) DATE | 19/98 |
| 12. | OFFICERS AND FRES OEN GENEVIEVE KROM | DIRECTORS DELETE | TE Registered Agent signature required | d when reinstaling) DATE | D DIRECTORS IN 12 |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AND FRES OEN GENEVIEVE KROM | DIRECTORS DELETE | TE: Rogistered Agent signature required 13. 11 TITLE | d when reinstaling) DATE | D DIRECTORS IN 12 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND | ot with the diapposable (NC) DIRECTORS DELETE US-UDT | 15: Rogistered Agent signature required 13. 11:TITLE 12:NAME 1.3:STREET ADDRESS 1.4:CITY - ST - ZIP | d when reinstaling) DATE | D DIRECTORS IN 12 Change Addition |
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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 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or on an attachment with an address.