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

**PROFIT** CORPORATION ANNUAL REPORT 1998

CITY - ST - ZIP

STREET ADDRESS CITY - ST - ZIP

STREET ADORESS

STREET ADORESS

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT #	M6989	2	(1)							
•	ORVAL COMP							 	) 	POLAKAN (BB)	
Principal Pla	ice of Business			ling Address							
	4575 BARCLAY CRESCENT 4575 BARCLAY CRESCENT										
LAKE WORTH FL 33463-6037 W.				W. PALM BEACH FL 33463-6037				DO NOT WRITE IN THIS SPACE			
US			U\$					3. Date Incorporated or Qualified	OF AUE		
i								02/23/1988			
2. Principal Place of Business 2a. Mailing Address						<del></del>		4. FEI Number	7 7	Applied For	
21		26	26				_65-0031690		lot Applicabl		
Suite, Apt #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & Sta	ale	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	25	Country	29	Zip	Соц <b>30</b>	intry		This corporation owes or has paid the current Property Tax due June 30.		ntangible	
		Address of Curren		red Agent	1001	T		10. Name and Address of New Registered			
4575 BARCLAY CRESCENT LAKE WORTH FL 33463						82 Street Address (P.O. Box Number is Not Acceptable) 83					
						84	City	FL	.	Code	
		of Sections 607 050 or both, in the State ad accept the obliga	2 and 60 of Florida Hons of,	7.1508, Florida Statu i Such change was Section 607.0505, Fl	tes, the a authorize orida Stal	bove d by tutes	e-named corp the corporat s.	poration submits this statement for the purpose to tion's board of directors. I hereby accept the ap	of changing pointment a	its registered s registered	
SIGNATURE		red name of registered age	r Land tilk (I	applicable (NO)	f Registere	d Age	ent signature requi	red when reinstating) DATE			
12.		OFFICERS AN	DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D			DETELE	1.1 Ti				Change	Addition	
NAME	STEVENS, W				1.2 N						
STREET ADDRESS		AY CRESCENT			1		ADDRESS				
CITY-ST-ZIP TITLE	LAKE WORT	H rL		DELETE	1.4 CI 2 1 TI		T-ZIP		Change	Addition	
NAME				- been	2.2 N/			*		الماسمين لي	
STREET ADDRESS	.1						ADDRESS				
CITY - ST - ZIP							ST-ZIP				
TITLE	<del>                                     </del>		••	DELETE	3.1 TI				Change	Addition	
NAME	1				3.2 N		1				
CTREET ARRESCO	. ]				220	TOEET	ADDDECC				

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this 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 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 of the corp

3.4. City-ST-ZiP

4.4 CITY-ST-ZIP

5.3 STREE1 ADDRESS

5.4 CITY-S1-ZIP

6.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4 3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

Change

Change

Addition

Addition

Addition

**FILED** 

Feb 11 1998 8:00am

Secretary of State