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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M8

2667

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SURVEY ANALYSIS INCORPORATED

FILED
Apr 24 1998 8:00am
Secretary of State

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Principal Plac	e of Business	Mailing Address		- I INDINERIE INI INIIN IINIA DIITIA DIITIA ALBII BINII DINII AIDII AIDI					
•		-	· ·		i				
13428 MILES STANDISH PORT PALM BEACH GARDENS FL 33410		13428 MILES STANDISH PORT Palm Beach Gardens FL 33410		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qua 05/19/1988	alified		
2. Principal F	Place of Business	2a, Mailing Address				4. FEI Number		Ar	plied For
21		26				65-0054304		<del></del>	ot Applicable
Sulte, Apt.	# etc	Suite, Apt. #, etc.				\$8.75			
22	., ., .,	27				<ol><li>Certificate of Status Desir</li></ol>	ed 🔲		equired
City & Stat	l <del>o</del>	City & State			6. Election Campaign Finan	cina	\$5.00	May Be	
23		28				Trust Fund Contribution	····•		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes or	has paid the cu	rent vear Int	a <b>nt</b> ible
24	25	29	30			Personal Property Tax du			<b>7</b> No
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of N	lew Registered	Agent	
Fi	SELMAN, MICHAEL			81	Name			· <del>-</del>	
	428 MILES STANDISH PORT			82 Street Address (P.O. Box Number is Not Acceptable)					
	ILM BEACH GARDENS FL 33410				Street Add	ress (P.O. Box Number is Not Ac	ceptable)		
יי	ILIN PLACTI CATIOLITO I E COTTO			83				•	
				84	City			<b>85</b> Zip	Code
							FL		
11. Pursuant office or agent. I s	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the authoriz Iorida St	above ed by atute:	e-named corpora the corpora s.	poration submits this statement to tion's board of directors. I hereby	or the purpose of accept the app	t changing it pointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered age	and and to eil applicable (NC	) F Register	red Age	ent signature requi	ired when reinslating)	DATE		<del></del>
12,	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 12
TITLE	P	DELETE	1.3	TITLE				☐ Change	Addition
NAME	EISELMAN, MICHAEL		1.2	NAME					
STREET ADDRESS	13428 MILES STANDISH PT		1.3	STREET	ADDRESS				ļ
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4	CITY-S	51 - ZIP				
TITLE		☐ DELETE	2.1	TITLE				☐ Change	☐ Addition
NAME			2.2	NAME	1				
STREET ADDRESS			2.3	STREET	ADDRESS				
CITY-ST-ZIP			2.4	СПҮ-	ST-ZIP				
TITLE		DELETE	3.1	TITLE			, ,	Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP			3.4.	CITY-	ST-ZIP				
TITLE		DELETE	_	TITLE				☐ Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					İ
TITLE		DELETE		TITLE				Change	Addition
NAME			5.2	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-5					
TITLE	<del> </del>	DELETE		TITLE	.,			Change	☐ Addition
NAME				NAME				•	
			•		VDDBESS				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	1		5.4	CITY-S	51 · 7(P				

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 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 tustee entropy 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 tustee entropy and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attaching a with an officer.

4/20/0

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