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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

[.	Corporatio	HARLING	# P0227 1 TH CORP.	1	(5)							
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21	, ' }			26	¬				52-1278857			ot Applicable
	Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.					×	\$8.75	
22				27					5. Certificate of Status Desired		Fee Re	equired
	City & State			City & State					6. Election Campaign Financing		\$5.00	May Be
23				28					Trust Fund Contribution		Added	
Ь.	Zıp		Country	Zip	-	Country	*		8. This corporation owes or has i			
24		o Name	25 and Address of Curren	1 Begintered As		30			Personal Property Tax due Jur 10. Name and Address of New F			1 No
				t negistered Ag	Alli	81	Name		IV. Name and Addition of New P	1egiste: eu	Agent	
			ATION SYSTEM			L						
1200 S. PINE ISLAND ROAD PLANTATION FL 33324						82	Street	Addres	ss (P.O. Box Number is Not Accept	able)		
PLANIARON PL 33324					83							
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						64	City			FL	_ 65 Zip (Code
	 Pursuant to office or reagent. Last GNATURE 	to the provis egistered ac m familiar w	sions of Sections 607.0503 pent, or both, in the State ith, and accept the obliga	2 and 607.1508, of Florida. Such ations of, Section	Florida Statute change was al 607.0505, Flori	es, the above uthorized by rida Statuter	e-named the cor s.	l corpor poration	ration submits this statement for the n's board of directors. I hereby acc	purpose of ept the ap	of changing it pointment as	s registered registered
		Signature, typed	or printed name of registered agrif									
12					(NOTE	Registered Age	eni signature	e required	when reinstating)	DATE		
<u> </u>		ndn -	OFFICERS AND	DIRECTORS		13.	eni signature		when reinstating) ADDITIONS/CHANGES TO OFF			
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4. I hereby certify that the information supplied with this filing tioes 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 name appears in Block 12 or Block 13 if changed, or on an attachment with address.

CICNIATURE.

4/24/0

FILED

May 05 1998 8:00am

Secretary of State