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 #

1	PA, INC.	00001327 (0)						
Principal Place of Business Mailing Address						I 108834001 AIÐ LADISA 15011 BÐISH BOLIS AÐDIN Ð	ASAS OFANI NIISA I	IBII 1881 1881
1785 N CONGRESS AVENUE BOYNTON BEACH FL 33426		1785 N CONGRESS AVENUE BOYNTON BEACH FL 33426		DO NOT WRITE IN THIS SPACE				
<u>.</u>						3. Date Incorporated or Qualified 11/03/1992	301710	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0371512		lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & Stat	θ	City & State				6. Election Campaign Financing		May Be
Zip	Country	7(p)	Count	les d		Trust Fund Contribution		to Fees
24	25 29 30		─ ─	иу		8. This corporation owes or has paid the current year Intan- Personal Property Tax due June 30. Yes The		ntangible No
24]	9. Name and Address of Curr		1301		 -	10. Name and Address of New Registere		
SH	INDER, LANCE W			1 Na	me			
2935 SW 3RD AVE			8	2 St	eet Add	ress (P.O. Box Number is Not Acceptable)		
MI	AMI FL 33129		8	3	····			····
			8	4 Cit	у		85 Zip	Code
11. Pursuant office or ragent La	to the provisions of Sections 607.0: egistered agent, or both, in the Sta im familiar with, and accept the obl Signature, typed or protect an a of registered to					coration submits this statement for the purpose ion's board of directors. I hereby accept the appearance when reinstating) DATE		its registered s registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	IRS IN 12
TITLE	D	DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME			1.2 NAM	E	ľ			
STREET ADDRESS	6320 SHINNECOCK LN.	1.3		1.3 STREET ADDRESS				
CITY - ST - ZIP			1.4 CITY	1.4 CITY-ST-ZIP				
TITLE	D DELETE 21		2 1 TITLE		ļ		Change	Addition
NAME			22 NAM	22 NAME				
STREET ADDRESS			23 STAE	23 STREET ADDRESS				
CITY-SI-ZIP	LAKE WORTH FL		2.4 CIT			***************************************		
TITLE		☐ DELETE	3.1 TITLE			<i>9</i>	Change	Addition
NAME			3.2 NAM		1			,
STREET ADDRESS				ET ADDR				
CITY-ST-ZIP		☐ DELETE	_	-ST-ZIP			Change	Addition
TITLE			41 TITLE				€ Citaligo	
NAME CTREET ADDROSES			4. 2 NAM		tee			
STREET ADDRESS				ET ADDR	100			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	<u>- ST - ZIP</u>			Change	Addition
NAME			5.2 NAM					
STREET ADDRESS				: Et a ddr	ESS			
CITY-ST-ZIP				- ST- ZIP				- [
TITLE		☐ DELETE	61 TITLE			1187.00	Change	Addition
NAME			62 NAM		l			

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 supplemental arinual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an observation or the receiver of sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the proof, or or an attachment with an address. 14. I hereby certify that the indicated on this annual officer or director of the Block 12 or Block 13 if of the Block 13 if of the Block 13 if of the Block 12 or Block 13 if of the Block 13

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 21 1998 8:00am

Secretary of State