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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000007490 (5)

ID & OR INC

Secretary of State

FILED

Feb 11 1998 8:00am

w u	JUI INO			
Principal Plac	e of Business	A failing A delegan		
1 .		Mailing Address		
1031 S MILITARY TRAIL 1031 S MILITARY TRAIL WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415				
WEST PALM BEACH FL 33415 WEST PALM BEACH FL 3341:			L 33413	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
	_			11/23/1992
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0371856 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State City & State			Election Campaign Financing \$5.00 May Be	
Zip	Cointe	28	1	Trust Fund Contribution Added to Fees
· `	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9 Name and Address of Curre	29	30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
				·
O'BRIEN, JOSEPH				ATTO
1031 S MILITARY TRAIL			82 Stre	reel Address (P.O. Box Number is Not Acceptable)
AA.C	ST PALM BEACH FL 33415		83	
			••	
			84 City	ly FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida State	utos the above nam	
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was	authorized by the c	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. i a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	-lorida Statutes.	
SIGNATURE	Signature, typed or printed name of registered ap	eest and title if applicable (NC	11: Analstered Anent since	nature required when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DTS	DELETE	1.1 TITLE	Change Addition
NAME	Parker, John D		1.2 NAME	_ •
STREET ADDRESS	4866 DRYDEN RD		1.3 STREET ADDRES	ESS
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DV	DELETE	2.1 TITLE	Change Addition
NAME	O'BRIEN, JOSEPH Q		2.2 NAME	
STREET ADDRESS	1182 "A" SHIBUMY CIR		2.3 STREET ADDRES	ESS
CITY-ST-ZIP	WEST PALM BEACH FL 334	15	2. 4 CITY - \$1 - ZIP	,
TITLE	DP .	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Parker, Barbara		3.2 NAME	
STREET ADDRESS	4866 DRYDEN RD		3.3 STREET ADDRES	ESS
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY - ST - ZIP	ZIP: 33415
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	ESS
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	ESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 THLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRES	iss

6.4 CITY - ST - 2IP 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 trustee 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 an address.

BARBARA PARKER