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 # P9200012003 (9)

MCCARTHY, SUMMERS, BOBKO, MCKEY, WOOD & SAWYER,

P.A.

FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									11010 110		***** 1111 1031
2081 E OCEAN BLVD 2ND FLOOR				2081 E OCEAN BLVD 2ND FLOOR							
STUART FL 34996			\$	STUART FL 34996				DO NOT WRITE IN THIS SPACE			
US			U	S				3. Date Incorporated or Qualified 12/15/1992			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For			pplied For
21				26				65-0374285	65-0374285 Not Applica		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired Serviced Fee Required			
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23			28	28				Trust Fund Contribution Added to Fees			
Zip	- · - - ·			Z(p) Country			<i>i</i>	8. This corporation owes or has paid the current year Intangible			
24		25 29 30			30		Personal Property Tax due June 30. Yes No				
		and Address of Curr	ent Regis	tered Agent		L.	1	10. Name and Address of New Registers	d Age	nt	
	IMMERS, RO					81	Name				
2081 E OCEAN BOULEVARD SUITE 2-A STUART FL 34996						62	Street Add	Iress (P.O. Box Number is Not Acceptable)			
						83					
311	UMRI FE 34	990				63					
						84	City	F	8	5 Zip	Code
11. Pursuant	to the provision	ons of Sections 607.0	502 and 60	07.1508, Florida Stati	utes, the a	L bovi	e-named corr	poration submits this statement for the purpose	of cha	noina i	ts registered
office or r agent. I a	registered age am familiar with	out, or both, in the Sta h, and accept the obl	ile of Floric igations of	ta. Such change was . Section 607.0505, I	authorize Iorida Sta	d by	y the corpora s.	tion's board of directors. I hereby accept the a	ppoint	nent as	registered
SIGNATURE											
	Signature lyped o	s printed name of registered a	gentural (ea-	ntapyteable (NO		d Age	eni signalure requ	red when reinstating) DATE			
12.	т	OFFICERS A	MD DIBLEC	TORS DELETE	13.		····	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	MCCART	HY, TERENCE P.		L. DELLE	1.1 31				Ш	Change	L_ Addition
NAME	1	OCEAN BLVD. 2-A			1.2 N		•				
STREET ADDRESS	STUART						ADDRESS				
CITY-ST-ZIP TITLE	VP	· · · · · · · · · · · · · · · · · · ·		DELFTE	1.4 C 2.1 Ti		IT-ZIP			Change	Addition
NAME	1	IS. ROBERT P		L) Otti it	2.1 N				اسا	Unange	L) Addition
STREET ADDRESS		OCEAN BLVD. 2-A					ADDRESS				i
City-St-ZiP	STUART										
TITLE	V			DELETE	2. 4 C		ST-ZIP	· · · · · · · · · · · · · · · · · · ·	П	Change	Addition
NAME	вовко,	NOEL			3.2 N				ب		
STREET ADORESS		CEAN BOULEVAR	D				ADORESS				
CITY-ST-ZIP	i	FL 34996			1		ST-ZIP				
TITLE	V		,	DELETE	4.1 TI		-: -: -: -: -: -: -: -: -: -: -: -: -: -			Change	Addition
NAME	MCKEY,	JOHN			4 2 N					-	
STREET ADDRESS	2081 E C	CEAN BOULEVAR	D		1		ADDRESS		•		
CITY-ST-ZIP	STUART	FL 34996					T - ZIP				
TITLE	ν			DELFTE	51 TI			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	WOOD, S				5.2 N	AME					
STREET ADDRESS		CEAN BLVD			5.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	STUART	FL			5.4 C	ŧγ-S	T-ZIP				
TITLE	V			DELETE	6.1 11	TLE				Change	Addition
NAME		, THOMAS			6.2 N	AME					
STREET ADDRESS		CEAN BLVD			6.3 S	IREET	ADDRESS				
CITY . 27. 740	STUART	FL			640	TV P	1.70				

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 13 if changed, or on an attachment within address.