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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

1	MENT # P9200 SSOCIATES, INC.	0013263 (8)			HAL HOLL YNG HEIG GHÂG HU LOG
Principal Place of Business Mailing Address						
240 EAGLETON ESTATES BLVD. 240 EAGLETON ESTATE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1993	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26		65-0378778	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬		5. Certificate of Status Desired	\$8.75 Additional
		City & State	City & State			Fee Required
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		This corporation owes or has paid the state of the s	
24	25	29	30		Personal Property Tax due June 30.	☐ Yes 🗶 No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regist	ered Agent
24	OTH, RICHARD F. D EAGLETON ESTATES BLVD. LM BEACH GARDENS FL 33418	ı	81 82 83		ress (P.O. Box Number is Not Acceptable)	85 Zip Code
						FL
agent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered ago	ations of, Section 607.0505, Feet and title if applicable. (NO	Iorida Statute	S.		ATL
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	GROTH, RICHARD F 240 EAGLETON ESTATES BL PALM BEACH GARDENS FL	_	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S	ADDRESS		Li Orange Li Addition
TITLE	DST	DELETE	21 TITLE	<u> </u>		Change Addition
NAME	GROTH, JOYCE M		2.2 NAME			
STREET ADDRESS	240 EAGLETON ESTATES BL	.VD	2.3 STREET	ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-	ST-ZIP		
TITLE		DELETE	31 TITLE	-		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	ST-ZIP		Change Addition
NAME			4.1 III.E 4. 2 NAME			Choughe Chyonthau
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	- 1		
TITLE		DELETE	5.1 TITLE		-	Change Addition
NAME			5.2 NAME	}		
Street Address			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
OTREET APPRECA			4.0.010007	1000000		j

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.

6.4 CITY-ST-ZIP

P 1 1 20

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511-17/77/0

FILED

Feb 03 1998 8:00am

Secretary of State