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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ...

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P93000004893 (2)

Principal Place of Business	Mailing Address
840 E. OCEAN AVENUE	640 E. OCEAN AVENUE
SUITE 20	SUITE 20
BOYNTON BEACH FL 33435	BOYNTON BEACH FL 33435

**FILED** May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			# ####################################				
l		5					
640 E. OCEAN AVENUE 640 E. OCEAN AVENU   SUITE 20 SUITE 20		640 E. OCEAN AVENUE SUITE 20					
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified		
A Delevis	Diago of Dusinger	Be Molling Address			01/21/1993		
	Place of Business	2a. Mailing Address			4. FEI Number Applied For		
21 26 Suite, Apt. #, etc. Suite, Apt.		Suito, Apt. #, etc.	of # elc		65-0380060   Not Applicable   \$8.75 Additional		
27				5. Certificate of Status Desired Fee Required			
City & Sta	City & State City & State			6. Election Campaign Financing \$5.00 May Be			
23		7tp Country			Trust Fund Contribution		
Zip	Country	Ζ(p	<del></del> 1	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
24	25 9. Name and Address of Current	Registered Agent	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
		Trogratorou Figure		81 Name			
	MELLGROVE, JESSE			22 2	Linda A. Davis		
	40 E, OCEAN AVENUE UITE 20			I I	Address (P.O. Box Number is Not Acceptable)		
	OYNTON BEACH FL 33435			83 6.4	0 E. Ocean Ave. #20		
D	· · · · · · · · · · · · · · · · · · ·						
				84 City B	oynton Beach FL 85 Zip Code 334435		
11. Pursuant to the provisions of Sectors 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Studies was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.							
committee to a legal with the sent							
Stone of typed or finited harns of registred agent and ble if applicable (NOTE Register) gent signature required when reinstanting) DATE							
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    D/P   X Change   X Addition		
TITLE	D D	NI DECEIE	1.1 10		5/,		
NAMÉ	SNELLGROVE, JESSE		1.2 N		Linda A. Davis		
STREET ADDRESS				REET ADDRESS	Linda A. Davis   430 N. "B" St.   Lake Worth. FL 33460		
CITY-ST-ZIP	BOYNTON BEACH FL 33462	DELETE	1.4 CI 2.1 Ti	1Y - ST - ZIP			
TITLE		( ptccc	2.1 II		1111011		
NAME 070507 1000507					Laraine P. Boutin		
STREET ADDRESS	? ]		4	REET ADDRESS ITY-ST-ZIP	7109 Catalina Way		
CITY-ST-ZIP TITLE	<del> </del>	DELETE	3.1 10		Lake Worth, FL 33467 Change Addition		
NAME		tank papers	3.2 N/				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP	1		
TITLE		☐ DELETE	4.1 TI		Change Addition		
NAME			4.2 N	AME			
STREET ADDRESS	;			REE1 ADDRESS			
CITY-ST-ZIP			- 1	TY - ST - ZIP			
TITLE		DELETE	5.1 TI	TLE	☐ Change ☐ Addition		
NAME			5.2 N	AME			
STREET ADDRESS			5.3 \$1	REET ADDRESS			
CITY-ST-ZIP	1		5.4 CI	TY-ST-ZIP			
TITLE		☐ D£LETE	6.1 Ti	TLE	☐ Change ☐ Addition		
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
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Inercoy certify that the information supplied with this filling 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 this corporation or the receiver or drustee 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, of on an all chiment with an address.