SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

111

 Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 26 1998 8:00am Secretary of State

Corporation Name	P93000020313	

1. Corporation 033193	FLA, INC		,00 <u>2</u> 0010	(1)					
Principal Pla	ce of Busines		Mailing Addre	iss				-{	FB 01011 B2180 11401 31000 4111 100
i '									
7015 BERACASA WAY 7015 BERACASA WA STE 201 STE 201		DR WAT							
BOCA RATON FL 33433 BOCA RATON FL 33433		FL 33433				DO NOT WRITE IN THIS SPACE			
,								3. Date Incorporated or Qualified	
	····							03/15/1993	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For	
Suite And the off			26				65-0406889	Not Applicable	
22 Suite, Api	Sulte, Apt. #, etc.		27 Stille, Apr.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate		City & Sta	ite				6. Election Campaign Financing	\$5.00 May Be
23			28					Trust Fund Contribution	Added to Fees
Zip		Country	Zip	· · · · · · · · · · · · · · · · · · ·	Count	ry		8. This corporation owes or has paid the cu	urrent year Intangible
24		25]	29		30			Personal Property Tax due June 30.	Yes No
			rrent Registered Ager	11				10. Name and Address of New Registered	d Agent
	LSER, THO				8	Nam	e		
	15 BERACAS	SA WAY			8	Stree	et Addres	ss (P.O. Box Number is Not Acceptable)	
	E 204								
BO	CA RATON	FL 33433			l a	3			
					Ē	64 City		FI	85 Zip Code
11. Pursuar	nt to the provi	sions of sections 607.0	0502 and 607.1508. Fig	rida Statute	s. the abov	 /e-named	corpora	ition submits this statement for the purpose of	
office or	r registered as	neat or both in the St	late of Florida. Such ch bligations of, section 60	anne was e	uthorized l	hy the co	rporation	n's board of directors. I hereby accept the appe	ointment as registered
SIGNATURE								ed when reinstating) DATE	
12.	Signature types	or printed name of registered OFFICERS	AND DIRECTORS		13.	Agoresign	Sinte redout	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
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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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

LARRY LANTA.

505-6500 MACKLE Rd.

Cale Si fue, Couchre

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