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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000021984 (8)

Principal Place 400 N FLAGL STE 1001 W PALM BEA US	ER DR	Mailing Address  400 N FLAGLER DR STE 1001 W PALM BEAHC FL 334 US	01	DO NOT WRITE IN TH	
2. Principal P	lace of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21		26		58-9173226	Not Applicable
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Contribute of States Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24]	25	29	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Current year intangible
	g. Name and Address of Curre		1301	10. Name and Address of New Register	<u> </u>
DU	rran, Kenneth H		81 Name		
	O W FLAGLER DR APT 1001 PALM BCH FL 33401		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
SIGNATURE	to the provisions of Sections 607,05 egistered agent, or both, in the Stat m familiar with, and accept the oblining familiar with and accept the oblining familiar with anne of registered as		nes, the Boove-harried corporal authorized by the corporal lorida Statutes.  TE: Registered Agent signature requires	poration submits this statement for the purposition's board of directors. I hereby accept the red when reinstaling)	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE		Change Addition
NAME	DURRAN, KENNETH H		1.2 NAME		
STREET ADDRESS	400 W FLAGLER DR W Palm Beahc Fl		1.3 STREET ADDRESS		
CHTY-ST-ZIP TITLE	D D	DELETE	1.4 City - ST - ZIP 2.1 TITLE		Change Addition
NAME	DURRAN, KENNETH H	C. Petere	2.2 NAME		C sugar
STREET ADDRESS	400 W FLAGLER DR		2.3 STREET ADDRESS		
CITY - ST - ZIP	W PALM BEAHC FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change  Addition
NAME OTOSET LODGEDO			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		- Ottell	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<u> </u>	DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

4. Thereby 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my ame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

May 07 1998 8:00am

Secretary of State