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**

403 W ADOURD 403 W ADOURD		
127 W. ARCH DR 127 W. ARCH DR		
LAKE WORTH FL 33467 LAKE WORTH FL 33467	DO NOT WRITE IN THIS SPACE	
US US	3. Date Incorporated or Qualified	
	03/31/1993	
2. Principal Place of Business 2a. Mailing Address		lied For
21 26	65-0415280 Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired Fee Reg	
City & State City & State		
28	6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to	
	This corporation owes or has paid the current year Inter-	
24 25 29 30	Personal Property Tax due June 30. Yes	•
	10, Name and Address of New Registered Agent	
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations, Section 607.0505, Florida Statutes. SIGNATURE Signature bytied or priviled name of registered agent and title if graff able (NOTE: Registered Agent signature required was a signature required with the signature required was a signature or registered agent ag	ERG 410/98	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE D DELETE 1.1 TITLE	Change	Addition
NAME HANEBERG, DAVID 1.2 NAME		
STREET ADDRESS 127 W. ARCH DR. 1.3 STREET ADDRESS		
CITY-ST-ZIP LAKE WORTH FL 33467 1.4 CITY-ST-ZIP		
TITLE DELETE 21 TITLE	Change	Addition
NAME 2.2 NAME		
STREET ADDRESS 23 STREET ADDRESS		
CITY-ST-ZIP 2.4 CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE DELETE 3.1 TITLE	Change	■ Addition
NAME 3.2 NAME		
STREET ADDRESS 3.3 STREET ADDRESS		
CHY-SI-ZIP 3.4. CHY-SI-ZIP	T 01	Apldibia -
TITLE DELETE 4.1 TITLE	☐ Change	☐ Addition
NAME 4.2 NAME		

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing doos 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 recoiver 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 changes or on an attachment with an address.

4.4 CITY-ST-ZIP

5 3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

561-968-2867

Change

Change

■ Addition

Addition

FILED

Apr 17 1998 8:00am

Secretary of State