## 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

DOCUMENT # P93000060729 (9)

Principal Place	DE COMBATE', INC.	Mailing Address 19533 MAYAN ST.			1111
		MAYAN ST Summerland key fl	22042	DO NOT WRITE IN THIS	SPACE
US	NO RET PL 33042	US US	33,42	3. Date Incorporated or Qualified 08/26/1993	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0422157	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζίρ ]	Country	Zφ	Country	8. This corporation owes or has paid the cu	
	25		30		Yes No
	<ol> <li>Name and Address of Currer</li> <li>URNS, JEFFREY W</li> </ol>	ir tiefiereten whalit	81 Name	10. Name and Address of New Registered	vAqur
agent I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	22 and 607, 1508, Florida Statute e of Florida, Such change was a aliens of, Section 607,0505, Flo	es, the above-named co authorized by the corpor orida Statutes.	rporation submits this statement for the purpose calion's board of directors. I hereby accept the ap	85 Zip Code of changing its registered pointment as registered
IGNATURE .	Signature Typed or printed name of registered ap-		Registered Agent signature req	pured when reinstating) DATE	
2.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TLE	D	DELETE	1.1 TITLE		Change Addition
AME	BURNS, JEFFREY W		1.2 NAME		
REET ADDRESS	19533 MAYAN ST		1.3 STREET ADDRESS		
Y-ST-ZIP	SUMMERLAND KEY FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
LE ME			2.1 YITLE 2.2 NAME		L Change L Adoltion
reet address					
Y-ST-ZIP			2.3 STREET ADORESS 2.4 CITY-ST-ZIP		
LE T-ST-ZIP		DELETE	3.1 TITLE		Change Addition
ME I			3.2 NAME		
REET ADDRESS			3.3 STREET ADDRESS		
TY-ST-ZIP			3.4. CITY-ST-ZIP		
LE		DELETE	4.1 TITLE		Change Addition
ME			4. 2 NAME		•
REET ADDRESS			4.3 STREET ADDRESS		
Y-\$7-ZIP			4.4 CiTY-ST-ZIP		
LE		DELETE	5.1 TITLE		Change Addition
ME			5.2 NAME		
REET ADDRESS			5.3 STREET ADDRESS		
TY-ST-7/P			5.4 CiTY-ST-ZIP		

64 City-St-ZiP

14. Thereby 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 suppliemental 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.

6.1 TITLE

6 2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

NAME

STREET ADDRESS

Sory W Burs

30 APR 1998 305-745-4199

Change

Addition

**FILED** 

May 12 1998 8:00am

Secretary of State