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

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000067013 (1)

BOC	A CORPORATE PROMOTIO	ONS, INC.						
Principal Place of Business Mailing Address			· 	-		i tublindel iff tusan eitir beite nott onter butte attis tont geint stant		
2101 NW 3 SUITE 250 POMPANO US		2101 NW 33RD ST SUITE 2500 POMPANO BCH FL 33069 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/27/1993			
<u> </u>	Place of Business	2a. Mailing Address	. Mailing Address			4. FEI Number Applied For		
21		26				65-0440483 Not Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Star	te	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Cour 30	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registered Agent		
HOLLAUS, MICHELINE C 6531 VIA BENITA BOCA RATON FL 33433				81 82 83	Name Street Addr	t Address (P.O. Box Number is Not Acceptable)		
				84	City	FL 85 Zip Code		
11. Pursuant office or r agent. I a						poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered			Age	nt signature requir	ed when reinstaling) DATE		
12.		ND DIRECTORS 13.		e		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
· · 	D HOLLAND MICHEUME	□ pereie		1.2 NAME		Cuange (Addition		
NAME	HOLLAUS, MICHELINE 6531 VIA BENITA			1.3 STREET ADDRESS				
STREET ADDRESS	BOCA RATON FL 33433							
CITY-ST-ZIP	BOOK RATON FE 33433	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition		
NAME				2.2 NAME				
STREET ADDRESS					ADDRESS			
City-SI-ZiP			2.3 3 In		1			
TITLE		DELETE	3,1 TITL		1-25	Change Addition		
· · · · 	1				1			

CITY-ST-ZIP

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 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.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST-ZIP

SIGNATURE: SUPPLEMENT (STALLAND !! !! FT. EHELINE HOLLAND &/1/98 954-984-4282

CR2E034 (10/97)

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 06 1998 8:00am

Secretary of State