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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 03 1998 8:00am

Secretary of State

954

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOTORSOT (5)

	CONSTRUCT					-					
Principal Place of Business Mailing Address								1 14011441 118 18194 17111 40111 60111 60111 9711	********	44.11 1881 1881	
43 CENTENNIAL CT. DEERFIELD BEACH FL 33442 US 43 CENTENNIAL CT. DEERFIELD BEACH FL 3 US US					3442			DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified	•		
9 Principal P	Place of Business		2a. Mailing Address					11/04/1993 4. FEt Number		Amelia d Fac	
· ·	HACE OF DUSINESS		 η					· · · · · · · · · · · · · · · · · · ·	\vdash	Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					65-0446763	\$0.7	Not Applicable 5 Additional	
22	, 0.0.		 	27				5. Certificate of Status Desired		Regulred	
City & Stat	le		City & State				6. Election Campaign Financing		O May Be		
23			28	28				Trust Fund Contribution		ed to Fees	
Zip	Zip Country		Zip			Country		8. This corporation owes or has paid the cur	rent vear	Intangible	
24	25		29		30				Yes	□ No	
	9. Name and	Address of Curre	nt Registered A	gent		-,.		10. Name and Address of New Registered	Agent		
BIA	AGINI, JOYCE				le le	11	Name				
	CENTENNIAL (CT.			8	2	Street Add	dress (P.O. Box Number is Not Acceptable)			
DEERFIELD BEACH FL 33442											
					8	13				•	
					ã	4	City		85 Z	ip Code	
								FL			
office or r	registered agent. (of S ections 607.05 or b oth, in the Stat n d a ccept the obli	e of Florida, Such	change was	authorized	by ti	named corp he corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	i changin ointment	g its registered as registered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE						gent	signature requi	ired when reinstating) DATE	DIDEAT	ODO III 40	
12.	DOT	OFFICERS AF	DELETE DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND	Chang		
	DPT	VAF		□ beceit					L Cuari	le 🗀 vanitori	
NAME						E 	202502				
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NAME				_	3.2 NAM	E	Ì		•		
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CITY-ST-ZIP					3.4. CITY		1			į	
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CITY-ST-ZIP					5.4 CiTY	-81-	ZIP				
TITLE				DELETE	6.1 TITLE				☐ Chang	e Addition	
NAME					6.2 NAM	E				1	
STREET ADDRESS	A.S.				6.3 STRE	ET AD	DORESS				
CITY-ST-ZIP	<u>. </u>				6.4 CITY	- S1 - Z	ZIP				
14. I hereby o	certify that the info	ormation supplied v	with this filing doe	s not qualify f	or the exem	ptio	n stated in	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that t	he information	
officer or Block 12	director of the eer or Block 18 if chai	port or supplement poration or the rec n ged, o r on an atta	ceiver of trustee e achrent with an a	mpowered to address.	execute thi	s rei	port as req	are shall have the same legal effect as if made un quired by Chapter 607, Florida Statutes; and that r		appears in	