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

PROFIT CORPORATION

Principal Place of Business

BOYNTON BCH FL 33437

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

9736 Majestic

TREMBLAY, W J

STE. 219

1801 S. FEDERAL HIGHWAY

DELRAY BEACH FL 33483

5366 BENJAMIN AVE



Palm Busch

9. Name and Address of Current Registered Agent

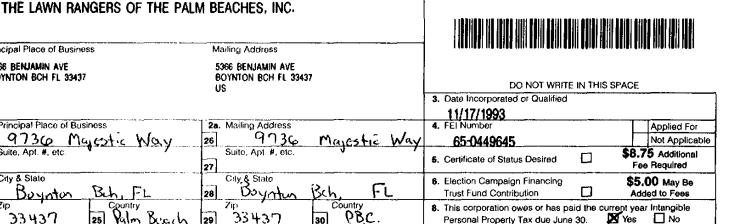
29

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000080538 (0)

FILED Mar 09 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

82

83

Name

-	1	•				
SIGNATURE	Signature, typed or profed name of registered agent and little	if applicable (NOTE:	Flegislered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE	D	Change	Addition
NAME	MCNEAL, CRAIG S		1.2 NAME	McNeal, Cray S		
STREET ADORESS	5366 BENJAMIN AVE		1.3 STREET ADDRESS	9736 mojestic Way		
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY-ST-ZIP	McNeal, Cray S 9736 majostic Way Boynton Bch, FL	33457	
TITLE	D	DELETE	2.1 TITLE		Change	☐ Addition
NAME	VELASQUEZ, LUIS		2.2 NAME			
STREET ADDRESS	517 S.W. 9TH COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33444		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			į
CITY-ST-ZIP_			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME		4	
STREET ADDRESS			6.3 STREET ADDRESS			

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 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 name appears in Block 13 if changed, or on an altrichment with an address.

SIGNATURE:

561 738-6106