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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000082294 (8)

FILED Apr 17 1998 8:00am Secretary of State

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City & State City &	22		├ ─	-		5. Certificate of Status Desired	
29		le				6 Election Campaign Financing	
Security	23		28				
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10 Name 10 N	Zip	Country	Zıp	Cou	ntry	8. This corporation owes or has paid the o	current year Intangible
KAY, THOMAS N. 100 EXECUTIVE WAY SUTTE: 110 PONTE VERDA BEACH FL 32082 11. Pursuant to the provisions of Socions 807 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered effect or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered effect or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment are registered effect or registered effect or registered corporation's board of directors. I hereby accept the appointment are registered corporation's board of directors. I hereby accept the appointment are registered effect or registered effect or registered after required aft	24			30			
TO EXECUTIVE WAY SUTTE 110 PONTE VERDA BEACH FL 32082 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 City FL B5 Zip Code B5 Street Address (P.O. Box Number is Not Acceptable) B5 Street Address (P.O. Box Number is Not Acceptable) B6 Street Address (P.O. Box Number is Not Acceptable) B7 Street Address (P.O. Box Number is Not Acceptable) B7 Street Address (P.O. Box Number is Not Acceptable) B8 Street Address (P.O. Box Number is Not Acceptable (P.O. Box Part In the Expression of Change In the Interest (P.O. Box Part In			ent Registered Agent		27T	10. Name and Address of New Registere	d Agent
SUTTE 110 PONTE VERDA BEACH FL 32082 ### City FL 88 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 agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the exponitment as registered agont, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the exponitment as registered agont and familiar with, and accept the obligations of, Section 607-0505, Florida Statutes. SIGNATURE DPST					81 Name		
PONTE VERDA BEACH FL 32082 Ba					82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
The 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 agont, or both, in this State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in this State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in this State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in this State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in this State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in this State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in this State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in this statement for the purpose of changing its registered agont. It is a possible agont and accept the objection of the purpose of change agont and accept the directors. I hereby accept the appointment as registered agont. It is a possible agont and accept the directors. I hereby accept the appointment as registered agont. It is a possible agont and accept the directors. I hereby accept the appointment as registered agont. It is a possible agont and accept the appointment agent and accept the appointment as registered agont. It is a possible agont and accept the appointment agent and accept the appointment as registered agont. It is a possible agont and accept the appointment agent and accept the appointment agent and accept the appointment				i	80		
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1.1. 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 adjustment of the provision of specific projected agoin 1 arrifement with, and accept the obligations of, Section 607,0505, Florida Statutos. SIGNATURE					84 City		85 Zip Code
SIGNATURE	14 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Flori	da Statutos, the at	Nove named on		
SIGNATURE	office or i	registered agent, or both, in the Sta	ite of Florida. Such char	ige was authorized	by the corpor	ation's board of directors. I hereby accept the ap	ppointment as registered
12.		im familiar with, and accept the ob-	ligations of, Section 607	.0505, Florida Stati	utes.		
12.	SIGNATURE	Signature, typed or printed name of registered	scient and title if ancilicable	fNOTE: Registered	Agent signature reg	builted when (einstating) DATE	
DELETE	12.						ND DIRECTORS IN 12
STREET ADDRESS 100 EXECUTIVE WAY, SUITE 110 13 STREET ADDRESS 14 CITY-ST-ZIP	TITLE		D	ELETE 1.1 TIT	LE		
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP				II		

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 emowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address

Sul 7/99P (904)-285-5757