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

PROFIT CORPORATION ANNUAL REPORT

1998



ILORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 11 1998 8:00am Secretary of State

P93000082881 (2) DOCUMENT #

179 CORPORATION

Principal Place of Business STUART FL 34994 2. Principal Place of Business Sulfa, Apt. #, ofc Sulfa, Apt. #								
SUTIE 6 STUART FL 34994 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 11/29/1993 2. Principal Place of Business 3. Let Number 65-0453447	Principal Plac	e of Business	Mailing Address			* 100/100/ 114 10/29 11// 00/// 40/// 4	8311 081 01 10110 (1881) \$161 10101 1101 1101 1201	
STUART FL 34994 STUART FL 34994 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 11/29/1993 4. FEI Number 5. Oats (April #, oto Suite, April #, oto Suite, A		DO AVENUE		ENUE				
2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 11/29/1993 2. Principal Place of Business 3. Let Il Number		34994				DO NOT WRITE	E IN THIS SPACE	
2. Principal Place of Business 2. Actiling Address 4. FEI Number Applied For Not Applicable Surio, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required			•••••••••••••••••••••••••••••••••••••••			3. Date Incorporated or Qualified		
Surie, Apt. #, etc. Surie, Apt. #, etc. 27	2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
City & State City & State Country & State & & State & State & Country & State & State & Country & State & Count	21				. 1	65-0453447	Not Applicab	ie
City & State		#, etc)	;		5. Certificate of Status Desired	1 1	•
Trust Fund Contribution Added to Fees Zip Country Zip Country Zip Country St. This corporation were or has paid the current year Intangible Personal Property Tax due June 30 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAISFIELD, MARC 735 COLORADO AVENUE SUITE 6 STUART FL 34994 82 Street Address (P.O. Box Number is Not Acceptable) SIGNATURE Signature by preference of the State of Exercits Suich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I an Intalian with unit and acceptible of Exercits Suich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I an Intalian with unit and acceptible of Exercits Suich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I an Intalian with unit and acceptible of Exercits Suich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I an Intalian with unit and acceptible of Exercits. Suich change of Section 607 0506, Florade Statutes. SIGNATURE Signature by prefer that the offigeness of Section 607 0506, Florade Statutes with a power agent agent and a power agent with a power agent agent and a power agent agent a power agent agent a power	City P. Ctol			v			Fee Required	_
Zip Country Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAISFIELD, MARC 735 COLORADO AVENUE SUITE 6 STUART FL 34994 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 and familiar with, and accept the obligations of Section 607 05.05, Floridal Statutes. 12. OF ICERS AND DIRECTORS IN 12 12. OF ICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. AUGIT-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Third Name 17. AUGIT-ST-2P 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AUGIT-ST-2P 10. DELETE 1.1 TIRE 11. AUGIT-ST-2P 12. OR ICERS AND DIRECTORS IN 12 13. STREET ADDRESS 14. City - ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition 17. Addition Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AUGIT-ST-2P 10. Change Addition 10. Name and Address of New Registered Agent 11. Name Address of New Registered Agent 12. AUGIT-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. City - ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition 17. Addition Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	_ `	e	h			, ,	_	
Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent HAISFIELD, MARC 735 COLORADO AVENUE SUITE 6 STUART FL 34994 83 84 City FL 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 Founds, 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. SIGNATURE Signature, bysed registered appetations of the purpose of changing its registered agent and text display due to the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature, bysed registering and text display due to the purpose of changing its registered agent and text display due to the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature, bysed registering and text display due to the purpose of changing its registered agent and text display	23	Country		Count	**/			_
HAISFIELD, MARC 73S COLORADO AVENUE SUITE 6 STUART FL 34994 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0.02 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, and familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature byte for a complete of the obligations of Section 607 0505, Florida Statutes. 12. OF LICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. NAME HAISFIELD, MARC 12 NAME 14. STREET ADDRESS STUART FL 15. LA CITY-ST-ZP 16. LA STREET ADDRESS STUART FL 16. LA STREET ADDRESS TAS COLORADO AVENUE #6 23 STREET ADDRESS TAS COLORADO AVENUE #6 24 STUART FL 25 NAME 25 NAME 26 NAME 26 NAME 27 NAME	· ·		1		у	-	· _ ·	
HAISFIELD, MARC 735 COLORADO AVENUE SUITE 6 STUART FL 34994 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and acceptable obligations of Section 607 0506, Florida Statutes. SIGNATURE Signature byeat to prediction of the provisions of Section 607 0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and familiary and the original translations. I hereby accept the appointment as registered agent agrature required when reinstating) 12. OFFICE HIS AND DIRECTORS IN 12 12. OFFICE HIS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. Change Addition 10. Addition 11. Pursuant to the provisions of Sections 607.05.02 and	24			1301	····			
T1. 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 agent and tanilar international product agent and face of the obligations of Sections 607.0505, Florida Statutes. SIGNATURE Signature Symbol or professional of a professional p	НА		***************************************	8	Name	10,		-
SUITE 6 STUART FL 34994 B3 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or troth, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and later displacable. SIGNATURE Signature: Signature perfect registered and later displacable. OFFICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PVST HAISFIELD, MARC 735 COLORADO AVENUE \$6 STUART FL DELETE 114 CITY-ST-ZIP TITLE D LISTIFE				Ļ	2			_
STUART FL 34994 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607 15.08. Florida Statutes, the deficiency office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.05.06, Florida Statutes. SIGNATURE Signature, byend or prefix frame of its potential quantitated to potential and their displacable. OFFICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE NAME STREET ADDRESS STUART FL 14 CITY-ST-ZIP TITLE D DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS STUART FL 1.4 CITY-ST-ZIP TITLE D Change Addition Addition Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Change Addition Change Addition Addition Addition AME HAISFIELD, MICHAEL 735 COLORADO AVE., STE. 6 STUART FL D D DELETE 3 TITLE D Change Addition Addition Addition Addition Addition Addition Addition AME HAISFIELD, TRACY				54	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 05:05, Florida Statutes. SIGNATURE Signature: Signature spiral or professional agent and bleed agest after the professional agent of agent agent agent agent spiral are the professional agent age				8:				
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 05:05, Florida Statutes. SIGNATURE Signature: Signature spiral or professional agent and bleed agest after the professional agent of agent agent agent agent spiral are the professional agent age				<u>B</u>	City		85 Zip Code	
SIGNATURE Signature Speed for parts of name of its potential and late of apptivable (NOTE Registered Agent signature required when reinstating) DATE					'		FL I'' I	
SIGNATURE Signature Speed for parts of name of its potential and late of apptivable (NOTE Registered Agent signature required when reinstating) DATE	11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607-1508, Florida S of Florida, Such change :	Statutes, the aboves authorized t	ve-named corp the corporat	poration submits this statement for the join's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered	ť
12. OF ICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	agent. La	im familiar with, and accept the obligati	ions of Section 607.050	5, Florida Statute	S.	iono bodi a al amodello. I nortal, acca	by the abbonierious as regions on	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PVST	SIGNATURE	#	<u>,</u>					
TITLE					gent signature requir		= :=	-
NAME HAISFIELD, MARC 735 COLORADO AVENUE #6 STUART FL 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition AME HAISFIELD, TRACY Addition						ADDITIONS/OFFICE TO OFFI		0
STREET ADDRESS CITY-ST-ZIP TITLE D LACITY-ST-ZIP Addition Addition S1 Addition S1 Addition S2 NAME		_						"
STUART FL				2				
TITLE		STUART FL						
735 COLORADO AVE., STE. 6 2.3 STREET ADDRESS STUART FL 2 4 CITY - ST - ZIP	TITLE	_	DELETE		<u> </u>	And Andrew (Property and Andrews)	☐ Change ☐ Additio	c
CITY-ST-ZIP STUART FL 2 4 CITY-ST-ZIP TITLE D DELETE 3.1 TITLE Change Addition NAME HAISFIELD, TRACY 32 NAME Change Addition	NAME			2.2 NAME				-
TITLE D DELETE 3.1 TITLE Change Addition NAME HAISFIELD, TRACY 3.2 NAME	\$TREET ADDRESS			2.3 STREE	T ADDRESS			ı
NAME HAISFIELD, TRACY 32 NAME	CITY - ST - ZIP			2 4 CITY	ST-ZIP			
	TITLE	_	DELETE	3.1 TITLE			Change Additio	n
	NAME			3.2 NAME				
	STREET ADDRESS			33STREE	1 ADDRESS			
CITY-ST-ZIP STUART FL 34 CITY-ST-ZIP	CITY-ST-ZIP	STUART FL			S1-ZIP			
	TITLE		☐ DELETE	E 4.1 TITLE			Change Additio	n
	NAME			4. 2 NAMI				
TITLE DELETE 4.1 TITLE Change Addition	STREET ADORESS				- 1			
TITLE DETETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	CITY-S1-ZIP		Deven		ST-ZIP			_
TITLE DETETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS GITY-S1-ZIP 4.4 CITY-S1-ZIP CHANGE	TITLE		LJ DECEN				∐ Change LJ Additio	١
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-S7-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition	NAME				1			
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CTTTLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME Change Addition	STREET ADDRESS			1				
TITLE DETETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CTTTLE Change Addition NAME 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS	CITY-ST-ZIP			54 CITY-	ST-ZIP			_
TITLE DETETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP Change Addition NAME DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-S1-ZIP CITY-S1-ZIP	TITLE .		DCLEYC	- CATITIE	i		1 Obanaa Additio	
TITLE DELETE 4.1 TITLE			☐ DELETE		-		☐ Change ☐ Additio	n
DELETE	NAME		☐ DELETE	62 NAME	ŀ		L Change L Additio	n
CTHADT CI	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	735 COLORADO AVE., STE. 6 STUART FL D HAISFIELD, TRACY 735 COLORADO AVE., STE. 6		2.3 STREE 2.4 CITY E 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY	T ADDRESS ST-ZIP T ADDRESS			
			☐ DELETE		J. L.		Change Additio	n
	NAME				.			
TITLE DELETE 4.1 TITLE Change Addition								
TITLE DETETE 4.1 TITLE Change Addition AAME 4.2 NAME					- 1			
TITLE DETETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-S1-ZIP	TITLE		☐ DELETE	5 1 TITLE			Change Additio	n
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-S7-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition					1			
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CTTTLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME Change Addition				1				ļ
TITLE DETETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CTTTLE Change Addition NAME 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS					5. F.			_
TITLE DETETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP Change Addition NAME DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-S1-ZIP CITY-S1-ZIP	TIPLE		☐ DELETE	E 61 TITLE			Change Additio	n
TITLE DELETE 4.1 TITLE			DELETE				L Change L Additio	n
DELETE			DELETE	62 NAME	ŀ		: Change	n

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 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 trust impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment of the corporation of the

SIGNATURE: