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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Mar 26 1998 8:00am Secretary of State

Principal Place of Business Principal Place of Business 226 ROYAL PALM WAY PALM BCH. FL 33480 US PSOUDO-44064 (3) Mailing Address 226 ROYAL PALM WAY PALM BCH. FL 33480 US									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
									12/09/1993						
2. Principal P	lace of Busin	noss	2a.	2a. Mailing Address					4, FEI Number						
21				26					65-0458632		Not Applicable				
Suite, Apr. #, etc.				Suite, Apt #, etc.				<u> </u>	5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State				City & State					6. Election Campaign Financing				May Be	1	
23				28					Trust Fund Contribution				Fees		
Zip 24	Country 25			Zip Cou 29 30			Country		This corporation owes or has pa Personal Property Tax due June	_	rent yea		ngible No	1	
9, Name and Address of Current Re							10. Name and Address of New Registe								
RA						81	Name							1	
RAYMOND, ROBERT W 214 GREYMON DR.						82 Street Addr			ss (P.O. Box Number is Not Acceptal	alo)				┨	
WEST PALM BEACH FL 33405						62 Street Addr			ss (F.O. DOX 14011DBF IS 1401 Acceptat	210)			_		
					Ī	В3								1	
		}	84 City				FL	85	Zip C	ode	1				
11 Purguant	In the provis	ions of Sections 607.05	02 and 60	7 1508 Florida Statut	es the at	201/0	named o	corno	retion submits this statement for the r		changi	no its	registered	4	
office or r	registered ag	ent, or both, in the Stat th, and accept the obli	e of Florid nations of	a Such change was a Section 607.0505. Flo	authorized orida Stati	by utes.	the corp	oratio	ration submits this statement for the poly- n's board of directors. I hereby acce	ot the app	ointmer	it as r	egistered		
SIGNATURE															
	Signature, typed	or printed name of registered a		······		Agen	t signature r	required	when reinstating)	DATE	DIDEO	700/		∮ §	
12.	PS	OFFICENS AL	AD DIREC	DIRECTORS DELETE		13.			ADDITIONS/CHANGES TO OFFIC	EHS ANL	Cha		Addition	800	
NAME	, , •	ND DOREDT W				1,2 NAME						W C	- ADDITION	1-	
STREET ADDRESS	****						1.3 STREET ADDRESS							700	
CITY-ST-ZIP	WEAT ALLE SALES						1.4 CITY-ST-ZIP] <u>u</u>	
TITLE	CT CT					2.1 TITLE					Cha	nge	Addition	5	
NAME		_	2.2 NAME							-	_				
NAME RAYMOND, DIANE MONTGOME STREET ADDRESS 214 GREYMON DR						2.3 STREET ADDRESS									
CITY-ST-ZIP WEST PALM BCH FL				i i			2. 4 CiTY-ST-ZIP								
TITLE				DELETE 3.			3.1 TITLE			***************************************	Cha	nge	Addition	1	
NAME					3.2 NA	ME									
STREET ADDRESS					3.3 ST	REET A	DDRESS							1	
CITY-ST-ZIP					3.4. CI		- ZIP							1	
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NAME					4. 2 NA	ME									
STREET ADDRESS							DDRESS								
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NAME					5.2 NA									1	
STREET ADDRESS							DORESS								
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NAME				DECEMBER OF THE PERSON NAMED IN COLUMN NAMED I	6.2 NA							.gu	Assumon		
STREET ADDRESS							DDRESS								
CITY-ST-ZIP					6.3 3 II									1	

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 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.