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 # P93000085120 (2)

FILED Apr 21 1998 8:00am Secretary of State

1. Corporation		0000120 (2	,		
Principal Place	e of Business	Mailing Address		T UMAJONAN DIE LANGON VEIEN BOFIN ORBITE MOUFE A	8181 18181 81181 11 <u>3</u> 18 11811 8811 1881
1331 NORTH MILITARY TRAIL W PALM BEACH FL 33409		1331 NORTH MILITARY TRAIL W PALM BEACH FL 33409		DO NOT WRITE IN	THIS SDACE
				3. Date Incorporated or Qualified	ITIIO STAGE
				12/06/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
<u> </u>		26		65-0455393	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7 \$8.75 Additional
2		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country		Country	Trust Fund Contribution L	
4	h	Fra 1	·	 This corporation owes or has paid the Personal Property Tax due June 30. 	
4	25 25 Name and Address of Curre	29 Int Registered Agent	30	10. Name and Address of New Regist	
TH	ONNEY MICHEL		B1 Name		
	31 N MILITARY TRAIL				
W PALM BEACH FL 33409			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
• • • •	THE TENTE OF THE		83		
			ļ <u>.</u>		····
			84 City		FL 85 Zip Code
12.		VD DIRECTORS	Tt Rop stored Agent signature requi	icd when reinstating) ADDITIONS/CHANGES TO OFFICER	
TITLE	PS THONNEY, MICHELE	☐ DELETE	1.1 TITLE		Change Addition
NAME	1497 SE SUNSHINE AVE.		1.2 NAME		
STREET ADDRESS	PORT ST. LUCIE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VI	DELETE	1.4 CITY - S1 - ZIP 2.1 TITLE		Change Addition
NAME	THONNEY, SACHA		2 2 NAME		
STREET ADDRESS	1497 SE SUNSHINE AVE.		2.3 STHEET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DEVETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STRFET ADDRESS		
CITY+S1-ZIP		——————————————————————————————————————	4.4 City - ST - ZiP		
TITLE		☐ DELETE	5.1 TOTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ perent	6.1 TITLE		FT change FT Wooden
NAME CARCET ADDRESS			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			64 CHTY-ST-ZIP		

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 fine 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 in 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 for for an attachment with an address.

CICNATURE.

SACHA THEN

Au of 10 1958 (541)478 41