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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	on Name	# P9300 GEMENT GROU)0086379 (P, INC.	(3)			1 (ARINTAL) (A. 10 (AR 10)) (ARINTAL) (ARINTAL		[<u>{</u>]
Principal Plac	o of Pusings		Mailing Address						
Principal Place of Business Mailing Address 4566 N.W. 5TH AVENUE 4566 N.W. 5TH AVENUE									
BOCA RATON FL 33431 BOCA RATON FL									
}							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified 12/17/1993		
2. Principal F	Place of Busin	1055	2a. Mailing Addres	2a. Mailing Address			4. FEI Number	I Ar	pplied For
21			26]	26			65-0454848	<u> </u>	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	te		City & State	City & Stato			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip		Country 25	Z _I p 30		Country		8. This corporation owes or has paid the cu		tangible No
24	9, Name		ent Registered Agent	[30]			10. Name and Address of New Registered		110
PA	SSEHL, R N		-		81	Name			
	4566 N.W. 5TH AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33431									
					83				
					84	City	FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607.1508, Florida	Statutes, th	ne above	e-named co		of changing if	ts registered
office or a	registered ag em f am iliar wi	ent, or both, in the Sta th, and accept the obl	ite of Florida. Such change ligations of, Section 607,05	was autho 05, Florida	rized by Statutes	the corpora 3.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	_	•		,					
12.	Signature, typed or printed name of registered agreer and still it applicable (ent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	DC INI 12
TITLE	D	OF TOURS A	DELETE		13.		ADDITIONS/CHANGES TO OFFICEAS AN	Change	Addition
NAME	PASSEHL, R M				1.2 NAME			•	
STREET ADDRESS		W. 5TH AVENUE			1.9 STREET ADDRESS				
CITY-ST-ZIP	BOCA R	ATON FL 33431		1.4 CITY - ST - ZIF					
TITLE			[] DELE		2.1 TITLE			L Change	Addition
NAME	1				2.2 NAME				}
STREET ADDRESS					2.3 STREET 2. 4 City-5	- 1			
CITY-ST-ZIP TITLE			☐ DELĒ		3.1 TITLE			Change	☐ Addition
NAME				1	3.2 NAME				
STREET ADDRESS] :	3.3 STREE1	ADDRESS			
CITY-ST-ZIP					3.4 CITY-5	51 - ZIP		110	7 1100
TITLE	İ		☐ DELÊ		4.1 TITLE			Change	Addition
STREET ADDRESS					4. 2 NAME 4.3 STREET	AUDRECC			
CITY-ST-ZIP					4.4 CITY-S	T T			
TITLE			DELE		5.1 TITLE			Change	Addition
NAME					5.2 NAME				
STREET ADDRESS	ļ				5.3 STREET	ADDRESS			
CITY-ST-ZIP	 		DELE		5.4 CITY - S	T-ZIP		T C+	Adams
TITLE			L DELE		6.1 TITLE	ĺ		☐ Change	Addition
NAME OTDEET ADDRESS					6.2 NAME 6.3 STREET	ADDDECC			
STREET ADDRESS	1			1	o.3 STAFF	MUUNESS			

14. I hereby certify that the information supplied with this filling 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 eorigination or the repetver or trustee empowared to execute this report as required by Charlier 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or or director of the repetver or trustee empowared to execute this report as required by Charlier 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or or director of the eorigination of the repetver or trustee empowared to execute this report as required by Charlier 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing the exemption of the eorigination of the eori

FILED

May 18 1998 8:00am

Secretary of State