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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

H.J.B.	ASSOCIATES, INC.	Mailing Address 100 E. LINTON BLVD. SUITE 206 B DELRAY BCH. FL 33483 US		DO NOT WRITE IN THE	
2. Principal f	Place of Business	2a. Mailing Address		01/27/1994 4. FEI Number	T. Jan. B. J. F.
21	SAME	26 54	1 E	65-0461256	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible
	9, Name and Address of Curr		1501	10. Name and Address of New Registere	
BERGER, HERBERT J 81 Name					
	O E. LINTON BLVD.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	E. 206 B				
DE	ELRAY BCH. FL 33483		83		
			84 City	F	85 Zip Code
11. Pursuant office or agent. I a	ялт а пплаг w цл, ал ц а ссерт те орг	galloris or, Section 607.0505, F	iorida Statutes.	poration submits this statement for the purpose alion's board of directors. I hereby accept the ag	of changing its registered appointment as registered
12.	Signature, typed or printed name of registered a	gent and liftle if applicable (NO ND DIRECTORS	TE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AT	ID DIDECTORS IN 10
TITLE	PSD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	BERGER, HERBERT J		1.2 NAME		_ v <u>-</u>
STREET ADDRESS	100 E. LINTON BLVD. STE 2	206 B	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELRAY BCH. FL 33483	DELETE	1.4 CITY-S1-ZIP		
NAME			2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELET e	3.1 TITLE		Change Addition
NAME OTOSET ADDRESS			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-7/P 4.1 TITLE		Change Addition
NAME			4. 2 NAME		C busines C variabil
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELET e	. 5.1 TITLE		Change Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP		Change T 444
NAME		□ occut	61 TITLE		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST- ZIP		

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 eath; 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 attaining the an address.