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 # P94000012546 (5)

DONNA M. HOLM, CPA, P.A.

Principal Place of Business

Mailing Address

FILED Mar 17 1998 8:00am Secretary of State



The state of the s						
8851 CICERO DR 8851 CICERO DR						
BOYNTON BEACH FL 33437 BOYNTON BEACH			137		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/15/1994	
2. Principal Place of Business 2. Page 14. Mailing Address 2.					4, FEI Number Applied For	
21 224	O Woolbright Rd	26 8851 (4	cero	D_{ℓ}	65-0416600 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					CO 75 Additional	
22 Sute 3/3° 27					5. Certificate of Status Desired Fee Required	
City, &, State / D / City, & State / D				1 1	6. Election Campaign Financing \$5.00 May Be	
23 15041101 Black FC 28 15041101 38			Rac	カト	Trust Fund Contribution Added to Fees	
Zip Country Zip C				у	8. This corporation owes or has paid the current year Intangible	
[24] 33436 [25] [29] 33437 [30]					Personal Property Tax due June 30.	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
I на	DLM, DONNA M		81	Name	ie	
8851 CICERO DR			91	82 Street Address (P.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33437			04	5000	et Address (P.O. Box Number is Not Acceptable)	
	THE SERVICE STATE		83			
				ļ		
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above	e-name		
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 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 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and tale if applicable (NOTE	· Pagieterad As	eol sionet i	ure required when reinetating) DATE	
12.	OFFICERS AND		13.	ionit signator	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVPS	DELETE	1.1 TITLE		Change Addition	
NAME	HOLM, DONNA M.		1.2 NAME			
STREET ADDRESS	8851 CICERO DR		1	t address		
CITY-ST-ZIP	BOYNTON BCH FL 33437		1.4 CITY-		' '	
TITLE	TD	☐ DELETE	2.1 TITLE	51- <i>E</i> 1F	Change Addition	
NAME	HOLM, DONNA M.		2.2 NAME		C State C Stat	
STREET ADDRESS	8851 CICERO DR			T ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL 33437				'	
TITLE	DOTITION BOILTE 30437	DELETE	2.4 CITY- 3.1 TITLE	31-ZIP	☐ Change ☐ Addition	
NAME			9		Change C Addition	
STREET ADDRESS	•		3.2 NAME		,	
				ADDRESS	·	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-	ST-ZIP	Change I Addition	
NAME			4.1 TITLE		☐ Change ☐ Addition	
			4. 2 NAME			
STREET ADDRESS				ADDRESS	; 	
CITY-ST-ZIP		Lociere	4.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	•		5.3 STREET	ADDRESS	;	
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS	; 	
CITY-ST-ZIP			6.4 CITY-S	IT-ZIP		

4. 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 changes, or on an attachment with an address.

2/m/98