PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPAR Bandra E Secreta DIVISION OF 0		am 9	Apr 23 1998 8:00an Secretary of State			
	MENT # PS	40000	12938 (4)					
Principal Place of Business Mailing Address 1200 N. FEDERAL HIGHWAY 1200 N. FEDERAL HIGHWAY				HWAY					
BOCA RATON			BOCA RATON FL 334			DO NOT WRI	E IN THIS SP	ACE	
						3. Date Incorporated or Qualified 02/14/1994			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Ap	plied For
1 Suite, Apt	#. etc.	2	26 Suite, Apt. #, etc.			65-0420469		88.75	t Applicable
2		2	27			5. Certificate of Status Desired		Fee Re	quired
City & State	3	2	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip	Country		Zip	Cou	ntry	8. This corporation owes or has ;			angible] No
4	25 9. Name and Addres		29 egistered Agent	30		Personal Property Tax due Jur 10. Name and Address of New F			
	C ardi, Mar ia				61 Name				
	O N. FEDERAL HWY. CA RATON FL 33432				82 Street Add	Iress (P.O. Box Number is Not Accept	able)		
00									
					83				
11. Pursuant	o the provisions of Section	ons 607.0502 an	o 607.1508, Florida Sta	itutes, the a	84 City	poration submits this statement for the	PL DURDOSE Of C	hanging it	Code s registered
office or r agent I a	agisterod agent, or both, m familiar with, and acce, Signature, typed or privited name of	in the State of F pt the obligation	forida Such change wa is of, Soction 607.0505, dilde Papel cable (as authorize Florida Stat	84 City pove-named cor d by the corpora	ation's board of directors. I hereby acc	PL purpose of cl ept the appoir DATE	hanging it ntmont as	s registered registered
office or r agent 1 a SIGNATURE 12.	agisteriod agent, or both, m familiar with, and acce, Stgnalure, lysector protect name of	in the State of F pt the obligation	forida Such change wa is of, Soction 607.0505, dilde Papel cable (as authorize Florida Stat NOTE: Registore 13.	B4 City sove-named cor d by the corpora utos.	ation's board of directors. I hereby acc	PL purpose of cl ept the appoir DATE	hanging it ntmont as	s registered registered
office or r agent 1 a SIGNATURE 12.	agisterod agent, or both, m familiar with, and acce, Signature, typed or privited name of	in the State of F pt the obligation	korida Such change wa is of, Soction 607 0505, d kin if applicable () RECTORS	as authorize Florida Stai NOTE Registere	84 City pove-named corp d by the corpora utos. Agent signature requ	ation's board of directors. I hereby acc	PL purpose of cl ept the appoir DATE	hanging it ntmont as	s registered registered
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa is of, Soction 607 0505, d kin if applicable () RECTORS	AS AUthorize Florida Star NOTE Registore 13. 1.1 Th 1.2 N 1.3 S	84 City pove-named corpora d by the corpora utos. Agent signature required the signature re	ation's board of directors. I hereby acc	PL purpose of cl ept the appoir DATE	hanging it ntmont as	s registered registered
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, m familiar with, and acce, Signature, typed ar protect name of Of 1 PD RICCARDI, MARIA	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa is of, Soction 607 0505, d kin if applicable () RECTORS	AS AUthorize Florida Star NOTE Registore 13. 1.1 Th 1.2 N 1.3 S	84 City Dove-named corpora d by the corpora utos. 3 Agent signature requi- rLE IME REET ADDRESS TY- ST-ZIP	ation's board of directors. I hereby acc	PL purpose of cl ept the appoir DATE	hanging it ntmont as	s registered registered
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	Iorida Such change wa Is of, Section 607.0505, diele i applicable (I RECTORS	AS Authorize Florida Star NOTE Registere 13. 13. 14. 13. 14. 21. 11. 22. N	84 City Dove-named corr d by the corpora utos. 3 Agent signature requind FLE IME REET ADDRESS TY-ST-ZIP TLE IME IME	ation's board of directors. I hereby acc	PL purpose of cl ept the appoir DATE	hanging it ntmon1 as	s registered registered IS IN 12
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	Iorida Such change wa Is of, Section 607.0505, diele i applicable (I RECTORS	AS Authorize Florida Star NOTE Registore 13. 14 C 21 TI 22 N. 23 S	84 City sove-named cord dor d by the corporation dor t Agent signature required dor t Agent signature required dor t RET ADDRESS dor TLE dor IV-ST-ZIP dor ILE dor ILE dor REET ADDRESS dor ILE dor	ation's board of directors. I hereby acc	Durpose of clept the appoint	hanging it ntmon1 as	s registered registered IS IN 12
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	Iorida Such change wa Is of, Section 607.0505, diele i applicable (I RECTORS	AS Authorize Florida Star NOTE Registore 13. 14 C 21 TI 22 N. 23 S	84 City sove-named cord dor d by the corporation dor t Agent signature required dor t Agent signature required dor t REET ADDRESS dor TLE dor IME dor REET ADDRESS dor IME dor REET ADDRESS dor IME dor REET ADDRESS dor ITY - ST - ZIP dor	ation's board of directors. I hereby acc	Durpose of clept the appoint	hanging it ntmon1 as	s registered registered IS IN 12
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa lis of, Soction 607 0505, diele if applicable (0 RECTORS DELETE	as authorize Florida Star NOTE Registore 13. 13 Th 12 N 13 Si 14 C 21 Th 22 N 23 Si 2. 4 C 31 Th 32 N	B4 City sove-named cord dor d by the corporation distributer t Agent signature required distributer t Agent signature required distributer t REET ADDRESS distributer TV- ST-ZIP distributer TLE distributer ME distributer REET ADDRESS distributer ITY- ST-ZIP distributer ILE distributer WE distributer	ation's board of directors. I hereby acc	Durpose of clept the appoint	hanging it ntmeni as	s registered registered IS IN 12
office or r agent 1 a SIGNATURE 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa lis of, Soction 607 0505, diele if applicable (0 RECTORS DELETE	as authorize Florida Star 13. 13. 14. 13. 14. 21. 22. 23. 24. 31. 11. 22. 23. 24. 31. 33. 50. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 24. 24. 24. 24. 24. 24. 24. 24. 24	B4 City Dove-named cord Joyen and cord 4 Agent signature requires 4 Agent signature requires ILE IME REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS	ation's board of directors. I hereby acc	Durpose of clept the appoint	hanging it ntmeni as	s registered registered IS IN 12
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa lis of, Soction 607 0505, diele if applicable (0 RECTORS DELETE	as authorize Florida Star 13. 13. 14. 13. 14. 21. 22. 23. 24. 31. 11. 22. 23. 24. 31. 33. 50. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 24. 24. 24. 24. 24. 24. 24. 24. 24	B4 City Dove-named cord Joyen signature requires 4 Agent signature requires ILE IME REET ADDRESS ITY-ST-ZIP	ation's board of directors. I hereby acc	Durpose of clept the appoint	hanging it ntmeni as	s registered registered IS IN 12 Addition
office or r agent 1 a SIGNATURE 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa is of, Soction 607.0505, RECTORS	as authorize Florida Star NOTE Registore 13. 11 Tr 12 N 13 S 14 C 21 Tr 22 N 23 S 2.4 C 31 Tr 32 N 33 S 34. C 4.1 Tr 4.2 N	84 City Dove - named cord Dove - named cord doy the corporative requires * Agent signature requires * Agent signature requires TLE ME REET ADDRESS ITY - ST - ZIP TLE ME REET ADDRESS ITY - ST - ZIP ILE ME REET ADDRESS ITY - ST - ZIP ILE ME REET ADDRESS ITY - ST - ZIP ILE AME	ation's board of directors. I hereby acc	Durpose of clept the appoint	hanging it ntmont as DIRECTOFI Change	s registered registered IS IN 12 Addition
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa is of, Soction 607.0505, RECTORS	as authorize Florida Star NOTE Registore 13. 1.1 Tr 12 N 13S 14 C 21 Tr 22 N 23 S 2.4 C 31 TT 32 N 33 S 34. C 4.1 TT 4.2 N 4.3 S	84 City Dove -named cord Jove -named cord 4 Agent signature required 4 Agent signature required REET ADDRESS TY - ST - ZIP ILE IME REET ADDRESS ITY - ST - ZIP ILE IME REET ADDRESS ITY - ST - ZIP ILE IME REET ADDRESS ITY - ST - ZIP ILE AME REET ADDRESS REET ADDRESS	ation's board of directors. I hereby acc	Durpose of clept the appoint	hanging it ntmont as DIRECTOFI Change	s registered registered IS IN 12 Addition
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa is of, Soction 607.0505, RECTORS	as authorize Florida Star NOTE Registore 13. 1.1 Tr 12 N 13S 14 C 21 Tr 22 N 23 S 2.4 C 31 TT 32 N 33 S 34. C 4.1 TT 4.2 N 4.3 S	84 City Dove -named cord Jove -named cord d by the corporation Hagent signature required FAgent signature required REET ADDRESS TY - ST - ZIP FLE IME REET ADDRESS ITY - ST - ZIP FLE IME REET ADDRESS ITY - ST - ZIP ILE IME REET ADDRESS ITY - ST - ZIP ILE AME REET ADDRESS TY - ST - ZIP	ation's board of directors. I hereby acc	DATE ICERS AND D	hanging it ntmont as DIRECTOFI Change	s registered registered IS IN 12 Addition
office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa is of, Soction 607.0505, RECTORS	as authorize Florida Star NOTE Registere 13. 13. 14. 21. 22. 23. 24. 31. 11 22. 23. 24. 31. 11 32. 33. 34. 41. 11 4.2. 43. 51. 11 52. N	84 City Sove-named cord Sove-named cord 4 by the corporative requires. 3 Agent signature requires ILE IME REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP ILE AME ILE IME	ation's board of directors. I hereby acc	DATE ICERS AND D	hanging it hitmoni as DIRECTOFI Change	s registered registered IS IN 12 Addition
office or r agent 1 a SIGNATURE 12. TITLE NAME · STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa is of, Soction 607.0505, RECTORS	as authorize Florida Star NOTE Registere 13. 1.1 TP 12 N. 13 Si 14 C 21 TI 22 N. 23 Si 2.4 C 3.1 TI 32 N. 33 Si 34 C 4.1 TI 4.2 N. 4.3 Si 44 C 5.1 TI 5.2 N. 5.3 Si	84 City Sove-named cord Sove-named cord Idextra signature requires 3 Agent signature requires Ite IMME REET ADDRESS IY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP	ation's board of directors. I hereby acc	DATE ICERS AND D	hanging it hitmoni as DIRECTOFI Change	s registered registered IS IN 12 Addition
office or r agent 1 a SIGNATURE 12. TITLE NAME	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	korida Such change wa is of, Soction 607.0505, RECTORS	as authorize Florida Star NOTE Registere 13. 1.1 TP 12 N. 13 Si 14 C 21 TI 22 N. 23 Si 2.4 C 3.1 TI 32 N. 33 Si 34 C 4.1 TI 4.2 N. 4.3 Si 44 C 5.1 TI 5.2 N. 5.3 Si	84 City Sove-named cord Sove-named cord 4 by the corporative requires 3 Agent signature requires REET ADDRESS TY-ST-ZIP ILE WE REET ADDRESS ITY-ST-ZIP	ation's board of directors. I hereby acc	DATE ICERS AND D	hanging it hitmoni as DIRECTOFI Change	s registered registered IS IN 12 Addition
office or r agent 1 a SIGNATURE 12. TITLE NAME · STREET ADDRESS CITY · ST · ZIP TITLE NAME STREET ADDRESS CITY · ST · ZIP TITLE NAME	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	Idea Papel cable (0) RECTORS (0) DELETE (0) DELETE (0) DELETE (0) DELETE (0) DELETE (0) DELETE (0) DELETE	as authorize Florida Star 13. 13. 14. 13. 14. 21. 11. 22. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 24. 23. 24. 24. 23. 24. 24. 25. 24. 24. 25. 24. 24. 24. 24. 24. 24. 24. 24. 24. 24	84 City Sove-named cord by the corporation 3 Agent signature requires 3 Agent signature requires FILE MME REET ADDRESS TY-ST-ZIP FILE IME REET ADDRESS ITY-ST-ZIP FILE IME REET ADDRESS ITY-ST-ZIP FILE IME REET ADDRESS TY-ST-ZIP ILE IME REET ADDRESS TY-ST-ZIP ILE IME REET ADDRESS TY-ST-ZIP ILE IME REET ADDRESS IY-ST-ZIP ILE IME IV-ST-ZIP ILE IME ILE IME	ation's board of directors. I hereby acc	DATE ICERS AND D	hanging it hitmoni as DIRECTOF Change	s registered registered S IN 12 Addition Addition
office or r agent 1 a SIGNATURE 12. TITLE NAME · STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, m familiar with, and acce, Stonature, typed a printed name of OT PD RICCARDI, MARIA 1200 N. FEDERAL I	in the State of F pt the obligation of registeries agreet and FICERS AND DI	Idea Papel cable (0) RECTORS (0) DELETE (0) DELETE (0) DELETE (0) DELETE (0) DELETE (0) DELETE (0) DELETE	as authorize Florida Star 13. 13. 13. 14. 21. 22. 23. 24. 21. 22. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 23. 24. 24. 23. 24. 24. 23. 24. 24. 23. 24. 24. 25. 24. 24. 25. 24. 24. 25. 24. 24. 27. 24. 27. 24. 27. 27. 24. 27. 27. 27. 27. 27. 27. 27. 27. 27. 27	84 City Sove-named cord Sove-named cord agent signature requires 3 Agent signature requires ILE IMME REET ADDRESS IY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE	ation's board of directors. I hereby acc	DATE ICERS AND D	hanging it hitmoni as DIRECTOF Change	s registered registered S IN 12 Addition Addition