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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

P94000021258 (6)

NOSEPADS +, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Co	ay Be Fees gible No
SUITE 9 BOCA RATON FL 33487 US SUITE 9 BOCA RATON FL 33487 US 3. Date incorporated or Qualified 03/14/1994 2. Principal Place of Business 2. Maining Address 2. Maining Address 4. FEI Number Appl 2. Principal Place of Business 3. Date incorporated or Qualified 03/14/1994 2. Principal Place of Business 2. Maining Address 4. FEI Number Appl 3. Date incorporated or Qualified 03/14/1994 3. Date incorporated or Qualified 03/14/1994 4. FEI Number Appl 3. Date incorporated or Qualified 03/14/1994 5. Configure of Status Desired Fee Requ City & State 2. City & State 2. City & State 2. City & State 2. Country 3. This corporation owes or has paid the current year Inten Personal Property Tax due June 30. Yes 1 7. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent OPPER, NORMAN 18420 LONG LAKE DRIVE 5. City 5. Country 6. This corporation owes or has paid the current year Inten Personal Property Tax due June 30. Yes 1 8. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 6. Election Campaign Financing Trust Fund Contribution Added to Personal Property Tax due June 30. Yes 1 8. Name Personal Property Tax due June 30. Yes 1 8. Name 8. This corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Londa. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typede protectness of Sections of Sections of Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. FEI Number 15. Address (P.O. Box Number is Not Acceptable) 15. Country 16. Statutes of Status Desired 17. Purporation such that the purpose of changing its office or registered agent, or both, in the State of Londa. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. Lam	Applicable ditional ulred ay Be Fees gible No
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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 roffice 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 reagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyred or printed name of registered Agent and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 DO SULTE DUBLIE 85 200 Cg 84 City FL 85 200 Cg 85 200 Cg 86 City FL 85 200 Cg 87 City FL 85 200 Cg 87 City FL 85 200 Cg 88 DO SULTE DUBLIE 85 200 Cg 88 DO SULTE DUBLIE 85 200 Cg 88 DO SULTE DUBLIE 85 200 Cg 89 DO SULTE DUBLIE 85 200 Cg 80	egistered gistered
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NAME 62 NAME	
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the in	formation
indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I officer or director of the corporation or the receipt for this report as required by Chapter 607, Florida Statutes; and that my name appeallock 12 or Block 13 if page 50, or on an attagrament with an address.	