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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 31 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000021867 (4)

1. Corporatio	OPER - MANAGEMENT E	ENTERPRISES INC.	•					
Principal Plac	e of Business	Mailing Address	 					IIII 1884 1884
20477 LINKS VIEW WAY 20477 LINKS VIEW WAY BOCA RATON FL 33434 BOCA RATON FL 33434						DO NOT WRITE IN TH	HIS SPACE	
						3. Date Incorporated or Qualified		· · · · · · · · · · · · · · · · · · ·
9 Principal D	lace of Business	2a. Mailing Address	Mailing Address			03/22/1994 4. FEI Number (<-0773 ¥/	∵ ⊤ ⊤ ,	pplied For
21	dog of Business	├ 1	26			4. FEI Number 65-0773 47	* J .	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				b. Certificate of Status Desired		tequired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	28 Zip	Zip Country			Trust Fund Contribution 8. This corporation owes or has paid the		to Fees
24	25 29		30			Personal Property Tax due June 30.	Yes 3	No
g. Name and Address of Curre		rrent Registered Agent				10. Name and Address of New Register	ed Agent	
KINGSLEY, WILLIAM				81	Name			
	477 LINKSVIEW WAY			62	Street Addres	ss (P.O. Box Number is Not Acceptable)		
ВО	CA RATON FL 33434			83				
				84	City	F	-L 85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607, registered agent, or both, in the Sim familiar with, and accept the of	0502 and 607.1508, Florida Statutate of Florida. Such change was bligations of, Section 607.0505, F	ites, the al authorized lorida Stat	bove d by utes	-named corpor the corporation	ration submits this statement for the purpos n's board of directors. I hereby accept the	e of changing appointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registorer	d spent and title it spolicable (NC	TF: Registerer	d Aner	nt signature required	when reinstating) DAT	F	
12.		AND DIRECTORS			it eignotore required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PST DELETE		1.1 TI	1.1 TITLE			Change	☐ Addition
NAME	KINGSLEY, RITA I		1.2 NAM					
STREET ADDRESS	20477 LINKS VIEW WAY		· ·		ADDRESS			!
CITY-ST-ZIP TITLE	BOCA RATON FL 33434			1.4 City-St-ZiP 2.1 Title			Change	Addition
NAME	KINGSLEY, WILLIAM		2.2 NAME					
STREET ADDRESS	20477 LINKS VIEW WAY		2.3 STREET A		ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY+ST-ZIP		T-ZIP	<u> </u>		
TITLE		☐ DELETË	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	•		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	☐ DELET E			4.1 TITLE			Change	☐ Addition
NAME				4, 2 NAME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST	r - ZIP			
TITLE		DELETE	5.1 TIT				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CF 6.1 TrT		+ ZIP		Change	Addition
NAME		terral to	6.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 CIT					
14. I hereby o	certify that the information supplier	d with this filing does not qualify ental annual report is true and ac	for the exe	mpti	ion stated in Se It my signature	ection 119.07(3)(i), Florida Statutes. I furthe shall have the same legal effect as if made	r certify that the	e information at I am an
						ed by Chapter 607, Florida Statutes; and th		