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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042134 (4)

FILED Apr 21 1998 8:00am Secretary of State

Principal Plac		Mailing Address 1601 FORUM PLACE						
#300 West Palm Beach Fl 33401		#300 West Palm Beach F	WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified 05/31/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		applied For
21		26				65-0492775	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State	e	City & State			· · · · · ·	6, Election Campaign Financing	\$5.00	May Be
Zip	Country	28 Zip	Cour	ntrv		Trust Fund Contribution		to Fees
24	25	29	30	illy		 This corporation owes or has paid the Personal Property Tax due June 30. 		jtangible ☐ No
1	9. Name and Address of Currer					10. Name and Address of New Registers		
W	AGNER, H T JR	. 7		81	Name			
	01 FORUM PLACE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	IITE 300 EST PALM BEACH FL 33401		-	83			· · · · · · · · · · · · · · · · · · ·	
***	SOI PALM DEAUTI PL 33401			03				
				84	City		85 Zip	Code
agent. La SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation of the state of printed home of registered age.	ations of, Section 607.0505, I	lorida Stati	ules.		oration submits this statement for the purpose on's board of directors. I hereby accept the a		s registered
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D WACNED HIT ID	☐ DETELE	11 111	LF			☐ Change	Addition
NAME	WAGNER, H T JR 1601 FORUM PLACE SUITE:	200	12 NA					
STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH FL	900			DDRESS 70			
TITLE		DELETE	1.4 CIT 2.1 TIT		· //P		Change	Addition
NAME			2.2 NA					
STREET ADDRESS			2.3 \$10	REET A	DDRESS			
CITY-ST-ZIP	<u>.</u>	· · •	2.40	TY-ST	- ZIP	,		
TITLE		L] DELETE	3.1 TILE				☐ Change	Addition
NAME Street address			3.2 NA		DORESS			
CITY-ST-ZIP			3.4. CI		1			
TITLE		DELETE	4.1 T()				Change	Addition
NAME			4. 2 NA	IME				
STREET ADDRESS			4.3 ST	REET A	DDRESS			
CITY-ST-ZIP	Potent			4.4 CITY-ST-ZIP			[] o	A 2.00-
TITLE		☐ DELETE	5.1 TIT				☐ Change	∟ Addition
NAME STREET ADDRESS			5.2 NAI		DDRESS			
CITY-ST-ZIP			53 SII		į.			
TITLE		DELFTE	6.1 111				☐ Change	Addition
NAME			6.2 NA	MF			ŕ	
STREET ADDRESS			6.3 S1F	HEET AL	DDRESS			
CITY-ST-ZIP			6.4 CIT	Y-\$1-	ZIP			

14. Thereby 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes to grain guing menuices.