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 # P94000046592 (9)

FILED Apr 16 1998 8:00am Secretary of State

1. Corporation	NCE E. DEBRUNNER, P.A.,	C.P.A.			
Principal Place	of Business	Mailing Address		- I DO DESTORAL CITO INDIAN DELOTE TO SECULDA DELOTE DO DELOTE D	TIESO SHAT BINID LOILE HOT INCL
2499 GLADES RD #202 2499 GLADES RD #202 BOCA RATON FL 33431 BOCA RATON FL 33431				DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualified	
				06/17/1994	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0500634	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 33431-		29 33431-7201 3	10	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registers	a Agent
DEBRUNNER, LAWRENCE E					
2499 GLADES RD #202			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431					
			63		
			84 City		85 Zip Code
				F	
SIGNATURE				oration submits this statement for the purpose ion's board of directors. I hereby accept the a	
	Signature, typed or printed name of registered ager		Registered Agent signature require		
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DEBRUNNER, LAWRENCE E		1.2 NAME		Chango Addition
	2499 GLADES RD #202		1		
STREET ADDRESS	BOCA RATON FL 33431		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DOCK HATON FE 33431	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		_ charge _ hashed
			2.3 STREET ADDRESS		
STREET ADDRESS			1		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP		Change Addition
NAME		Partie.	3.2 NAME		—
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		· · · · ·	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-S1-ZIP			4.4 CITY-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-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-ST-ZIP		
14, I hereby c	ertify that the information supplied wi	th this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

14. 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

SIGNATURE:

4/13/

(561) 362-4000