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



FILE	NOW: FIL	ING FEE AF	TER MA	y 15t is	\$550	1.00	1	/Loxy 1	2 100	00 0	2.00	0111
	PROFIT	FLORIDA DEPARTMENT OF STATE					7 May 12 1998 8:00am					
ANNU	PORATION IAL REPORT	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Secre	etary	of	Stat	e	
	1998											
DOCUN 1. Corporation	MENT #	P94000	04963	33 (8)			1					
	INTERNATION			• •			1					
.,		, , , , , ,					- 1	190901001010	1 <b>4</b> 0) <b>14</b> 0) <b>140</b> 0) <b>14</b>	()) <b>11</b> )); <b>111</b> 3	18118 <b>3118</b> 5 WI	<b>14</b> ((1) ( <b>113</b> )
Principal Place	of Business		Mailing Ad	dress		<del></del> -			(1814 1814) 1814 B1		iim iiii iii	
551 S.E. BTH				TH STREET								
STE. 600 DELRAY BEAC			STE. 600	EACH FL 33435			1	D	O NOT WRITE	E IN THIS S	PACE	
US	1111 30403		US	ENGIT I'E 35435			1 -	3. Date Incorporated or Qualified				
2. Principal Pl	ace of Business		2a, Mailing	Address				<b>)6/29/1994</b> El Number			IAn	plied For
21			26					65-0517854	<u></u>		F-4	t Applicable
Suite, Apt.	#, etc.		f	pt. #, etc.			<b>6.</b> C	ertificate of Stati	us Desired		\$8.75 A	
City & State	<del></del>		27 City & 5	State			6. E	lection Campaig	n Financing		\$5.00	<u> </u>
23			28		0			Trust Fund Contribution Added to Fees				
Z <sub>1</sub> p	25	untry	7 ip	Countr	У	,	his corporation of ersonal Property		_		angible   ] No	
		ddress of Current					10. N	lame and Addre	ss of New R	egistered A	gent	
	WES, MICHAEL F				81							
	N. LAURA ST., S XSONVILLE FL :				83	Street	Address (P.C	). Box Number is	s Not Accepta	ble)		
4,10	THE STATE OF THE S	72202			8	3						
					8/	City				FL	85 Zip (	Code
11. Pursuant t	o the provisions of	Sections 607.0502	and 607.1508,	Florida Statutes	, the abov	ve-named	corporation (	submits this state	ement for the	purpose of	changing its	s registered
office or re agent. I ar	egistered agent or m familiar with, and	both, in the State o accept the obligati	l Florida, Such ons of, Section	i change was au n 607.0505, Flori	thorized b da Statute	by the cor	poration's boa	ard of directors.	I hereby acce	pt the app	ointment as	registered
SIGNATURE	Signabile bland or other	I name of registered agent	and the disposable	e (NOTE	Registered Ar	nent sionature	required when re	instating)		DATE	<del></del>	(
12,		OFFICERS AND			13.	Sout all total		DDITIONS/CHAN	GES TO OFFI		DIRECTOR	
TITLE	PD	~		DELETE	1.1 TITLE						Change	Addition \
STREET ADDRESS	AUSTIN, BEN 551 SE 8TH S			•	1.2 NAME 1.3 STREET ADDRESS						ł	
CITY-ST-ZIP	DELRAY BEAC		a di			-ST-ZIP	ţ					ļ
TITLE	EVP	<del></del>		DELETE	2.1 TITLE					<del></del>	Change	☐ Addition
NAME	DOERR, KARL				2.2 NAME		}					
STREET ADDRESS CITY-ST-ZIP	551 SE 8TH S DELRAY BEAC				1	ET ADDRESS	{					{
TITLE	EVP	M FL		DELETE	2.4 CITY 3.1 TITLE		<del> </del>				Change	Addition
NAME	HAUGLAND, S	SCOTT D.		<b>~</b>	3.2 NAME		j					j
STREET ADDRESS	551 SE BTH S				3.3 STREE	et address	1					]
CITY-ST-ZIP	DELRAY BEAC	CH FL		DELETE	3.4. CITY 4.1 TITLE		<b></b>				Change	Addition
TITLE NAME	EVPG Hannah, Dav	<b>ለ</b> ቦ ር		C) DECENE	4. 2 NAM		}				C change	[] \(\lambda_000001 \)
STREET ADDRESS	551 SE 8TH S					ET ADDRESS	ţ					ľ
CITY-ST-ZIP	DELRAY BEAC				4.4 CITY							
TITLE	\$			DELETE	5.1 TITLE		5	1 050.0	6		.≰ Change	Addition
NAME	DILLON, GLEN				5.2 NAME	ET ADDOCOC	MALC	J ODROB S 844 ST	ina Teet			]
STREET ADDRESS CITY-ST-ZIP	551 SE 8TH S DELRAY BEAC				5.4 CITY		Delroy					}
TITLE	EVP			DELETE	61 TITLE				<u> </u>		Change	Addition
NAME	O'DELL, RALP				6.2 NAM	Ē	(					Ì
STREET ADDRESS	551 SE 8TH S					et address	1	٠.	بالس			ĵ
CITY-ST-ZIP	DELRAY BEAC	<del>Ж FL</del>			6.4 CITY	-ST-ZIP	l	Dee	attach	40		

14. I hereby cortify 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 roport 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 Block 12 or Block 13 if changed, or on an attachment with an address.

A Odarobuted - CFO

**FILED** 

Daytime Phone # 0349310

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Pill	E NOW:	FIL	ING FEE	AFT	ER MAY 1ST	IS \$5	50	.00					
PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS										
DOCU 1. Corporation		# P	940000496	333	(8)								
ĺ			onal, Inc					÷					
551 SE 8th Street 5 Suite 600 S Delray Beach, FL 33483 D					Mailing Address 551 SE 8th Street Suite 600 Delray Beach, FL 33483 US				<del></del>	DO NOT WRITE IN T  3. Date Incorporated or Qualified  06/29/1994	HIS SPACE		
2. Principal F	Place of Busin	ness		-	2a. Mailing Address					4. FEI Number 65-0517854	_ <del></del>	pplied For	
21 Suite, Apt #, etc 22					Surle, Apt. #. otc.					5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stat	e				City & State					6. Election Campaign Financing		Мау Ве	
<b>Z</b> ip	Country			28						Trust Fund Contribution   8. This corporation owes or has paid the		tangible	
24		25		29		30				Personal Property Tax due June 30.	☐ Yes [	□ No	
Odrobin 551 SE	a, Marc 8th Str	: J	ddress of Curre	ur Dar	istered Agent	-	81 82	Name Street		10. Name and Address of New Registers (P.O. Box Number is Not Acceptable)	THO AGENT		
Suite 60 Delray 1		ET	33/83				83				· · · · · · · · · · · · · · · · · · ·		
Dellay !	beach,	FL	JJ40J				84	City			<b>85</b> Žip	Code	
office or r	registered ag im familiar wi	jent or th, and	both, in the State accept the oblig	e of Elk gations	rida: Such change was of: Section 607.0505, Fi	authorized orida Stat	d by utes	the cor	poratio	ration submits this statement for the purpoin's board of directors. I hereby accept the	appointment as	ts registered registered	
12.	Stip atare typical	te prade:	OFFICERS AN			18 Rugisterer	1 Age	nt signature	e required	ADDITIONS/CHANGES TO OFFICERS		RS IN, 12	
THILE								1 1 TITLE			☐ Change	Addition	
NAME STREET ADDRESS										THEN SALDANHA I SE 8th street		ĺ	
CITY - ST - ZIP	!					1.4 CF				loy Beach FL			
TITLE					☐ DELETE 2						☐ Change	☐ Addition	
NAME STREET ADDRESS					221			ADDRESS					
CITY-ST-ZIP			<b></b>					17 - <b>2</b> 1P					
TETLE					☐ DELETE	31111					☐ Change	Addition	
NAME STREET ADDRESS						3.2 NA 3.3 ST		address					
CITY - ST - ZIP					DELETE	3 4 CI		T - 21P			- Observe	1600	
TITLE NAME					☐ DELETE	4 1 TIT 4 2 NA					☐ Change	☐ Addition	
STREET ADDRESS						- 1		ADORESS	1				
CITY-ST-ZIP					☐ DELETE	4 4 CIT 5 1 717		- ZIP			☐ Change	Addition	
TITLE NAME					<u> </u>	5.2 NA					- Change	Addition	
STREE! ADDRESS						5351	REET.	address	1				
CITY-ST-7IP		••••			☐ DELETE	5.4 CH		<u> </u>			☐ Change	Addition	
NAME	1				_ Jun	62 NA					change	- Acquicit	
STREET ADDRESS						63 ST	REF1.	ADDRESS	ļ				
City - S1 - ZIP	certify that the	e inform	unting Summbard o	with the	filipo does not quality 6	6 4 CII			ed in Si	ection 119.07(3)(i), Florida Statutes, I furthi	or certify that the	e information	
indicated officer or	on this armu director of th	al repo e corpo	rt or supplement gration or the rec	af anni eiver o	al report is true and acc	curate and	i tha	it my sig	mature	shall have the same legal offect as if mad ed by Chapter 607, Florida Statutes; and the	e under oath; th	at I am an	
SIGNAT	URE:	//	ATURE AND TYPED O	R PRINT	LUBMA ED NAME OF SIGNING OFFICER	OF DIRECT	OR			Date	Daytime Phone #		