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 # P9400057475 (3)

ARENSTEIN & ASSOCIATES, D.O., P.A.

Principal Place of Business 6432 W LAKE WORTH RD LAKE WORTH FL 33463-3008 Mailing Address

6432 W LAKE WORTH RD LAKE WORTH FL 33463-3008

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

L										08/03/1994			
2.	2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Applied For	
21				26	26					65-0506417		Not Applicable	
22	Suite, Apt. #,	re, Apt. #, etc.			Suite, Apt, #, etc.					5. Certificate of Status Desired		75 Additional e Required	
	City & State			- /-	City & State					6. Election Campaign Financing	\$5	00 May Be	
23					3					Trust Fund Contribution		ied to Fees	
	Zip		Country		Zip	Coun				8. This corporation owes or has paid the current year Intangible			
24			25	29		30					Yes	□Ño	
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent					
BOHATCH, JOHN S ESQ							81 Name						
RICHMAN GUTTENMACHER BOHATCH FUERST PA							82 Street Address (P.O. Box Number is Not Acceptable)						
			R ST 14TH FLOOR	SI SUSSI MAGIC			Ou cer	Muuio	as (1.0. box Number is Not Acceptable)				
		I FL 331		83									
								0.4			1		
							84	City		FL	85 2	Zip Code	
ĺ	11. 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 registered office 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
l	SIGNATURE												
اد	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when refirstating) DATE												
12	2		OFFICERS AN	D DIREC		13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	TORS IN 12	
117	LE	D			☐ DELETE	1.1 TI	TLE	ļ			Chan	ge 🔲 Addition	
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	Y-ST-ZIP					6.4 CiT							
14	. I hereby certi	ity that the	Intermation supplied wi	th this fi	ling does not qualify for	or the exe	mpt	ion state	d in Se	ection 119.07(3)(i), Florida Statutes. I further co	ertify that	the information	

4. 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE-

Municipal

1/5/98

561-911-2324