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

FILED May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

Principle Place of Business Mailing Accress Mailing Accress Both A MILTAN TRAIL #420 PLEAN BEACH FL 33484 DO NOT WRITE IN THIS SPACE		MENT # P940(Name P940(DEL ACQUISITION GROUP		9 (1)			
DO NOT WRITE IN THIS SPACE DELRAY BEACH FL 33484 2. Principal Place of Businoss 2. Maining Address 3. Date Incorporated or Qualified 08/23/1994 2. Principal Place of Businoss 2. Maining Address 3. Suits Apt #, etc. 2. City & State 2. Day Country 3. Day 1. The Company Financing 3. Suits Apt #, etc. 3. Country 3. Suits Apt #, etc. 3. Country 4. Suits Apt #, etc. 3. Country 5. Suits Apt #, etc. 3. Country 5. Suits Apt #, etc. 3. Country 5. Suits Apt #, etc. 3. Country 6. Election Company Financing 7. The Thrond Contribution 7. Suits Appendix Apent 7. Suits Appendix Appendix Appendix Apent 7. Suits Appendix Appen	Principal Plac	e of Business	Mailing Addre	988		r no birkok suð rifnir olafi eðini dasst óðsuð briðn tegra jejul eidið áðti síðn	
8. Principal Place of Business 2a Mailing Address Shirt Interior Applied Statutes Applied Statutes Applied Statutes Applied Statutes Applied Statutes Applied Statutes S	#420 #420					DO NOT WRITE IN THIS CRACE	
2. Principal Place of Business 2. Maining Address 2. Each ST-052/076 3. Not Apt. #, etc. 2. Suito, Apt. #, etc. 2. City & State 3. Name 2. Country 3. State Address of Current Registered Agent 3. Name 3. Name 3. Street Address of New Registered Agent 3. Street Address of New Registered Agent 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is	DELKAT BEA	UM FL 33484	UELRAY BEA	CH FL 33484		3. Date Incorporated or Qualified	
Suite, Apt. #, etc. 27	2. Principal P	lace of Business	2s. Mailing A	dress			
City & State Country Zip Zip Country Zip Country Zip Zip Zip Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi							
City & State City & State City & State City & State		#, etc.	 	. #, etc.			
28 27 27 28 27 29 30 30 30 30 30 30 30 3				te			
Zup Country Zup Country Sup Country Sup Country Sup	_ `	•	<u></u>				
S. Name and Address of Current Registered Agent COLEMAN, IRA J ESO C/O MCDERMOTT, WILL & EMERY 201 S. BISCAYNE RLVD MIAMJ F1 33313 84 City FL 85 ZP Code 64 City FL 85 ZP Code 65 ZP Code 66 City FL 85 ZP Code 67 City FL 85 ZP Code 68 ZP Code 68 ZP Code 69 ZE Street Address (P.O. Box Number is Not Acceptable) 69 ZE Street Address (P.O. Box Number is Not Acceptable) 60 ZP Code 60 ZP Code 61 ZP ZP Code 61 ZP ZP Code 62 ZP Code 63 ZP Code 64 City FL 85 ZP Code 65 ZP Code 66 ZP Code 67 Code Statutes 68 ZP Code 68 ZP Code 68 ZP Code 69 ZP Code 69 ZP Code 69 ZP Code 60 ZP Code 60 ZP Code 60 ZP CODE Responsed Agent a private required affection submits this statement for the purpose of changing its region of the corporation's board of directors 1 hereby accept the appointment as regist age, in terminar with the provisions of SP code, Florida Statutes 60 ZP Code 61 ZP Code 62 ZP CODE 63 ZP CODE 63 ZP CODE 64 City FL 85 ZP Code 65 ZP Code 66 ZP CODE Responsed Agent approve required when remotioned 66 ZP ZP CODE 67 ZP		Country			Country	8. This corporation owes or has paid the current year Intangible	
COLEMAN, IRA J ESO C/O MCDERMOTT, WILL & EMERY 201 S. BISCAYNE RLVD MIAMI-FI 33313 44 City FL (Street Address (P.O. Box Number is Not Acceptable) 45 Size of Address (P.O. Box Number is Not Acceptable) 46 City FL (Street Address (P.O. Box Number is Not Acceptable) 47 City FL (Street Address (P.O. Box Number is Not Acceptable) 48 City FL (Street Address (P.O. Box Number is Not Acceptable) 48 City FL (Street Address (P.O. Box Number is Not Acceptable) 49 City FL (Street Address (P.O. Box Number is Not Acceptable) 40 City FL (Street Address (P.O. Box Number is Not Acceptable) 40 City FL (Street Address (P.O. Box Number is Not Acceptable) 40 City FL (Street Address (P.O. Box Number is Not Acceptable) 40 City FL (Street Address (P.O. Box Number is Not Acceptable) 41 City FL (Street Address (P.O. Box Number is Not Acceptable) 42 City FL (Street Address (P.O. Box Number is Not Acceptable) 42 City FL (Street Address (P.O. Box Number is Not Acceptable) 43 City FL (Street Address (P.O. Box Number is Not Acceptable) 44 City FL (Street Address (P.O. Box Number is Not Acceptable) 45 City FL (Street Address (P.O. Box Number is Not Acceptable) 45 City FL (Street Address (P.O. Box Number is Not Acceptable) 45 City FL (Street Address (P.O. Box Number is Not Acceptable) 45 City FL (Street Address (P.O. Box Number is Not Acceptable) 46 City FL (Street Address (P.O. Box Number is Not Acceptable) 47 City FL (Street Address (P.O. Box Number is Not Acceptable) 48 City FL (Street Address (P.O. Box Number is Not Acceptable) 40 City FL (Street Address (P.O. Box Number is Not Acceptable) 47 City FL (Street Address (P.O. Box Number is Not Acceptable) 48 City FL (Street Address (P.O. Box Number is Not Acceptable) 49 City FL (Street Address (P.O. Box Number is Not Acceptable) 40 City FL (Street Address (P.O. Box Number is Not Acceptable) 40 City FL (Street Address (P.O. Box Number is Not Acceptable) 40 City FL (Street Address (P.O. Box Number is Not Acceptable) 40 City FL (Street Address (P.O. Box Number is Not	4				0	Personal Property Tax due June 30. Yes No	
COUCHMAN, IN A JEBU COLOM CONCRETATION WILL & EMERY 201 S. BISCAYNE RLVD MIAMI FI 33313 44 City FL Order Corporation submits this statement for the purpose of changing lie region of copporation submits this statement for the purpose of changing lie region of copporation purpose of changing lie region of copporation submits this statement for the purpose of changing lie region of copporation submits this statement for the purpose of changing lie region of copporation submits this statement for the purpose of changing lie region of copporations bear of directors. Thereby accept the appointment as registed and the composition of the c			rent Registered Age	nt	Q1 Nows	10. Name and Address of New Registered Agent	
201 S. BISCAYNE RIVD MIAMIL FI 33313 P4 City FL BS Zip Code T1. Pursulant X the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lite region of the provision of the purpose of changing lite region of the purpose of changing lite regio					oi Name	·	
MIAM F1 33313 84 City FL 85 Zip Code			RY .		82 Street A	Address (P.O. Box Number is Not Acceptable)	
### City #### City ### City ##					83	<u> </u>	
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 regist of lived or position and positions of positions of the provisions of the provision of the statute of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agos. Signature: S	MIZ	MITI 33313				1	
11. Pursiant V the provisions of Sections 607 r509 and 607 r509 Florida Statutos, the above-named corporation submits this statement for the purpose of changing its region of production of the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos in the state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in the state of Florida Statutos. The state of Florida Statutos in th					84 City	FL 85 Zip Code	
NAME COMPAS, DAVID 12 NAME STREET ADDRESS OTTY-ST-ZIP DELETE DELE				(NOTE F		required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS CITY-ST-ZIP DELETE DEL	TITLE	DPST		DELETE	1.1 TITLE	Change Additio	
DELETE D	NAME	COMRAS, DAVID			1.2 NAME		
DELETE DELETE Change NAME Change	STREET ADDRESS		#420		1.3 STREET ADDRESS		
NAME		DELRAY BEACH FL 33484		DELETE		☐ Change ☐ Additio	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				DELETIC		C change C Accusa	
CITY-ST-ZIP					a		
DELETE							
STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP Change C			L	DELETE		Change Additio	
CITY-ST-ZIP 34 CITY-ST-ZIP Change Ch	NAME					•	
TITLE DELETE 4.1 TITLE Change NAME 4.2 NAME							
NAME				DELETE	•	☐ Change ☐ Additio	
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change 1.4 CITY - ST - ZIP Change 1.4 CITY - ZIP				DELLIE		El cusa de El Moditio	
A 4 CITY - ST - ZIP							
TITLE DELETE 51 TITLE Change AME NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP CHANGE	- '						
53 STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP 54 CITY-ST-ZIP		\\\		DELETE		Change Additio	
	NAME				5.2 NAME		
TITLE DETENE 61 TITLE Change	1				6 (
				Utati		Change Laddition	
nvmc			< [_]	DELEN	1	L_J Change L_J Additio	
STREET ADDRESS 63 STREET ADDRESS				/			
CITY-SI-ZIP)	'			
14. I hereby certify that the information supplied with this filing foes not qualify for fine exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual report or supplemental annual report is rine and accirate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the conjunction or the receiver of trute empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 18 if chapted, or on an attach feet party an address.	14. I hereby r	certify that the information supplied	with this filing loes r	not qualify for	he exemption state:	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	