## 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 # P94000062100 (0)** 

NITV. I													
Principal Place of Business Mailing Address										-		Allen diren diren di	
3500 FAIRLANE FARMS RD 3500 FAIRLANE FARMS RD							)						
#5							***			DO NOT WIDE	F.C. (8.1.7F.1.1)	10.004.05	
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 334							H4			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
										08/23/1994			
2. Principal P	Place of Busi	ness		2a. Mailing Address					4. FEI Number		Α	oplied For	
21					26					65-0542355		<del></del>	lot Applicable
Suite, Apt.	. #, <b>e</b> lc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & Stat	te				City & State					6. Election Campaign Financing		\$5.00	May Be
23					28					Trust Fund Contribution			I to Fees
Zip	Country			<u> </u>	Zip Cou			untry		8. This corporation owes or has p	aid the c		
24	25 9. Name and Address of Current			29		30				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
11			Address of Curren	it Hegisi	ered Agent		81	Name		10. Name and Address of New H	egistere	a Agent	
HUGHESHU	KUNES, DAY	UD.	<b>A</b> I				Ľ.	Ivanie					
7561 NEMEC DR. N. WEST PALM BEACH FL 33406							82	Street	Addres	ss (P.O. Box Number is Not Accepte	ible)		
							83						
							84	City			F	<b>85</b> Zip	Code
11. Pursuant	to the provis	ions	of Sections 607.050	2 and 60	07.1508, Florida Statu	ites, the a	boye	e-named	corpor	ration submits this statement for the n's board of directors. I hereby acc	purpose	of changing	its registered
agent. I a	ım <b>fa</b> miliar w	ith, a	nd accept the obliga	ations of	Section 607.0505, F	lorida Sta	tutes	\$	poration	it's board of directors. Thereby acci	Shr me at	рропшлен аз	s registered
SIGNATURE	Signature types	l or prir	ted name of registered age	ru end blie i	f applicable (NC	IF Registere	d And	ent signature	e required	when reinstating)	DATE		
12.		,	OFFICERS ANI				13.		roquired.	ADDITIONS/CHANGES TO OFF		ND DIRECTO	RS IN 12
TITLE	P				☐ DELET <b>e</b>	1.1 T	ITLE		Ī			Change	Addition
NAME	HUMBL				1.2 NA								
STREET ADDRESS			R GROVE LANE		1.3 \$			ADDRESS	İ				
CITY-ST-ZIP	WELLIN	GTO	N FL 33414		·			T-ZIP					
TITLE					☐ DELETE	2.1 T	TLE					☐ Change	Addition
NAME						2.2 N	AME						
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP					DELETE			S1-ZIP	ļ			1 0	
TITLE NAME					C) office	3.1 T						L Change	Addition
STREET ADDRESS						3.2 N		1000000					
CITY-ST-ZIP								ADDRESS					
TITLE					DELETE	4.1 T		ST - <b>Z</b> IP			-	Change	Addition
NAME						4.21						L_1 Onlings	7,004,011
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP								T - ZIP					
TITLE	·		<del></del>		☐ DELETE	5.1 TI						☐ Change	Addition
NAME						5.2 N	AME					-	
STREET ADDRESS						5.3 \$	TREET	ADDRESS					
CITY-ST-21P						5.4 C	ITY-S	T- 71P					ļ
TITLE					DELETE	6.1 TI	TLE					Change	Addition
NAME						6.2 N	AME						j
STREET ADDRESS						63 S	REET	ADDRESS					

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

6.4 CITY-ST-ZIP

**FILED** 

Jan 30 1998 8:00am

Secretary of State