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

	MENT # P9400 T CONTROL CENTER, INC				1884 1886 1886 (1884 1884 1886)
Principal Plac	e of Business	Mailing Address	······································	- I HEBRINDA HID TOTAL BURKL BURKL BERK BERK BURK	ANIAN (BUNT BLAID HANNA ANN 1991
•	FLORIDA MANGO ROAD	1750 NORTH FLORIDA I	JANGO ROAD		
SUITE 301 SUITE 301					
WEST PALM BEACH FL 33409		WEST PALM BEACH FL	33409	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				09/16/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0525674	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 ₁ p	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curri	ent Registered Agent		10. Name and Address of New Registers	d Agent
KA	krosas, raymond		81 Name		
1750 NORTH FLORIDA MANGO ROAD SUITE 301			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
				4	
W	EST PALM BEACH FL 33409		83		
			84 City	F	85 Zip Code
dd Director	100.0	02 and 007 11 09 Florida State			
office or r agent. I a	egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida, Such change was gations of, Section 607,0505, Fl	authorized by the corpora orida Statutes.	poration submits this statement for the purpose alion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, lyped or present rame of registered a	gest and title if applicable (NOT	F Registered Agent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	KAROSAS, RAYMOND K	IOO DOAD OTC OO	1.2 NAME		
STREET ADDRESS	1750 NORTH FLORIDA MAN		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334	and the second of the second o	1.4 CITY-ST-ZIP	·	Channa Addition
TITLE	D Karosas, Linda L	☐ DELETE	2 1 TrTLE		☐ Change ☐ Addition
NAME OFFICE ADDRESS	1750 NORTH FLORIDA MAN	JOO BOAD STE 301	2 2 NAME		
STREET ADDRESS	LIFOT DALLA DELOUIE, COLOG		2.3 STREET ADDRESS		
CITY-ST-ZIP	THOU I THAN PEROIT E OUT	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		Broad	32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE1 ADDRESS		
CITY-S1-ZIP	 	· · · · · · · · · · · · · · · · · · ·	4.4 CITY - \$1 - ZIP		[] (hanne [] (120m)
TITLE		∐ DELFTE	51 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		F Direct	6.2 NAME		change restrict
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, I further certify that the information indicated on this annual report or supplied that any unit 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 of 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 chapted, or dipartitle in the corporation of the corpora

SIGNATURE:

FILED

Mar 16 1998 8:00am

Secretary of State