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

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt #, etc.

26

27

28

29

2755 S FEDERAL HWY #13

BOYNTON BCH FL 33435

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000069391 (8)

Country

g. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

25

2755 S. FEDERAL HIGHWAY

**BOYNTON BEACH FL 33435** 

MCGRADY, PATRICIA

421 LIVE OAK LN

SUSSER, GARY E

SUITE 13

SCREEN HUGGERS, INC.

Principal Place of Business

2755 \$ FEDERAL HWY #13

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

12.

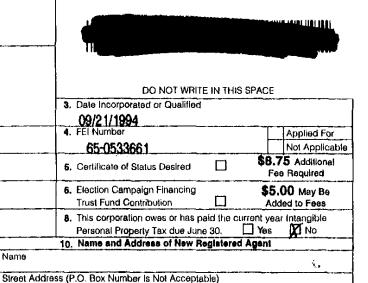
TITLE

NAME

**BOYNTON BCH FL 33435** 

CR2E034 (10/97 **BOYNTON BCH FL** 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TOLE Change NAME BURMEISTER, GEORGE 2.2 NAME STREET ADDRESS 2765 S FEDERAL HWY #13 2.3 STREET ADDRESS **BOYNTON BCH FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME -05/21/98--01001--011 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZiP \*\*\*150.00 TITLE DELETE 5 1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS **-**20 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

FILED May 20 1998 8:00am Secretary of State



ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Addition

84 City Zip Code 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 Stato 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.

13.

1 1 TITLE

1.2 NAME

1.3 STREET ADDRESS

DELETE

Country

81

63

Name

(NOTE Registered Agent signature required when reinstating)

30

CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 it made under oath; that I am an officer or director of the corporation or the roceiver 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 it changed, or on an attachment with an address.

SIGNATURE

4/30/98 5/01-3/04-8219