## 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 # P94000072594 (2)

BRUCE G. KALEITA, P.A.

FILED Jan 16 1998 8:00am Secretary of State

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#00 AUSTRAL	LIAN AVE. SC	HTUC		500 AUSTRALIAN AVE. SOUTH								
WEST PALM	BEACH FL 3	3401		SUITE 600 West Palm Beach FL 33401				DO NOT WRITE	IN THIS SI	PACE		
11201 1112		- 107	.,	WEST FACM BENOTI PE SONO!			3. Date Incor	3. Date Incorporated or Qualified				
								10/03/1	· .			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	· · · · · · · · · · · · · · · · · · ·			Applied For	
21	26					65-05			———	Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			00 00	E8 100			Additional	
22			<b>⊢</b>	27			<ol><li>Certificate</li></ol>	of Status Desired		•	Regulred	
City & State				City & State			a Flaction C	ampaign Financing				
23			$\vdash$	28			1	ampaign Financing I Contribution		•	May Be d to Fees	
Zip	<del>"</del>	Country		Zip Country			ration owes or has pai					
24		25	29	·r	30			4	ration owes or has pail roperty Tax due June			No I
<u> </u>		and Address of C		red Agent	[30]	Т			Address of New Reg			
KA	LEITA, BRU					81	Name	<del></del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b></b>	
		ian ave. Souti	4									
		IMIN MAE' OODII	1			82 Street Address (P.O. Box Number is Not Acceptable)						
	ITE 600	DEAOU EL 00404				83						
WE.	SI PALMI	BEACH FL 33401				83						
						84	City	· · · · · · · · · · · · · · · · · · ·			85 Zip	Code
							-			FL		
11. Pursuant t	to the provisi enistered an	ions of Sections 60	7.0502 and 607. State of Florida	.1508, Florida Statu	ites, the e	above	-named	corporation submits the poration's board of direction of the poration of the p	nis statement for the protocol	urpose of o	changing	its registered
agent. I ai	m f <b>am</b> iliar wi	th, and accept the	obligations of, S	lection 607.0505, F	lorida Sta	itutes	1116 CO	poration a board of dist	sciois. Thereby accep	i iiie appo	HILLING IL A	is registered
SIGNATURE												
· · · · · · · · · · · · · · · · · · ·	Signature, typed	or printed name of registe				ed Age	nt signature	e required when reinstating)	IONIA NO FO TO OFFICE	DATE		
12. TITLE	- Б	OFFICER	S AND DIRECTO	DELETE DELETE	13.	1T: C		ADDITIONS	CHANGES TO OFFIC			
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NAME			LIANI AVENILE	: enim	1.2 N							
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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.