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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. M*or*tham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000073095 (9)

ELECTRONIC DOCUMENT FILING, INC.

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address				ach imană dilli dăliă dalat sihi (89)
931 PARK AVE 931 PARK AVE LAKE PARK FL 33403 LAKE PARK FL 33403					
DAKE PARK PL 30400	DANE PARK PL 30903			DO NOT WRITE IN	THIS SPACE
				 Date Incorporated or Qualified 10/03/1994 	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	28		65-0525746	Not Applicable	
Suite, Apl. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Count	y	8. This corporation owes or has paid to	
24 25	29	30		Personal Property Tax due June 30.	
g, Name and Address of Curre	nt Registered Agent		.r	10. Name and Address of New Regist	ered Agent
PURICK, HERBERT W		8	Name		
4440 RIVERPINE CT		Ē	Street Ad	dress (P.O. Box Number is Not Acceptable)	
TEQUESTA FL 33469		l _a	3		
		L			
		a	4 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblin.	02 and 607.1508, Florida Statu o of Florida Such change was	ries, the abo	ve-named co by the corpor	rporation submits this statement for the purpation's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
SIGNATURE	gations of, Section 607.0505, F	ionga Sialul	98.		
Signatura, typed or printed name of registered at	gent and the if applicable (NC	IE: Registered A	gent signature req	ulred when reinstating)	DATE
	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
NAME PURICK, HERBERT W	DELETE	1.1 TITLE 1.2 NAM	T I	·	Change Addition
AAAA ON EDOMIE OY	444A DIVEDONIE OT		1		
STREET ADDRESS 4440 MAZEMPINE C1 CITY-ST-ZIP TEQUESTA FL		1.4 CITY	ET ADDRESS		
TITLE			31-21	,	Change Addition
NAME					
STREET ADDRESS		2.3 STRE	T ADDRESS		
CITY-ST-ZIP		2. 4 CITY	-\$T-ZIP		
TITLE	☐ DELETE	3.1 TITLE			Change Addition
NAME		3.2 NAM			
STREET ADDRESS			T ADDRESS		
CITY-SI-ZIP	DELETE	3.4. CITY			Change Addition
I TITLE	☐ DECEIE	4.1 TITLE 4, 2 NAM			CT CHANGE CT WORKOU
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP		4.4 CITY			
TITLE	DELETE	5.1 TITLE		74	Change Addition
NAME		5.2 NAM			
STREET ADDRESS		5.3 STAE	T ADDRESS		
CITY-ST-ZIP		5.4 CITY	ST-ZIP		
TITLE	☐ DELETE	6.1 TrTLE			☐ Change ☐ Addition
NAME		62 NAM			
STREET ADDRESS			T ADDRESS		
14. Thereby certify that the information supplied	with this filing dose not qualify	for the ever		n Section 119 07/3/(i) Florida Statutes 14 inte	her certify that the information

indicated on this annual report or supplied with this hing does not dually for the exemptor safety in section 179.07.57(f), Florida Statutes. Therefore the first first

4/3./18