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

ָרְ ק		MENT on Name O CENTE		3000	33978 (4)					A MARIMANI NIA KANIN ANTIN ARINI ARINI A	\$ 30 10	1 98 2101 9 1 0 111	1888 1816 1888
	inginal Plac	ce of Busines			Anilina Aulukono								
	•		>>		Mailing Address								
	300 N MILIT Uite 200	AHT THAIL			2500 n military trail Suite 200								
	BOCA RATON FL 33431 BOCA RATON FL 33431									DO NOT WRITE IN THIS SPACE			
										3. Date Incorporated or Qualified			
_	Daire et al E	N								11/14/1994			
├	2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For
21	Suite, Apt. #, etc.				Suite, Apt. #, etc.					65-0541972		*0.7	Not Applicable
22					27					5. Certificate of Status Desired			5 Additional Required
	City & State				City & State					6. Election Campaign Financing			00 May Be
23		_		28						Trust Fund Contribution			ed to Fees
!	Zip		Country		Zip		ountry	У		8. This corporation owes or has p	aid the co		
24			25	29		30				Personal Property Tax due Jun		Yes	□ No
			and Address of Cur	rent Regis	stered Agent		04	1		10. Name and Address of New R	egistered	Agent	
		ICKE, HENI					81	Name					
	2500 N MILITARY TRAIL							Street A	Addres	ss (P.O. Box Number is Not Accepta	ble)		
SUITE 200							63	 					
BOCA RATON FL 33431													
							84	City				85 Z	ip Code
ļ	Pursuant office or r agent. I a	to the provis registered ag am familiar w	ions of Sections 607.0 jent, or b oth, in the Sta ith, and a ccept the ob	0502 and 6 ate of Flori digations o	807.1508, Florida Statu da. Such chan ge wa s I, Section 607.0505, Fl	tes, the authoria orida S	above zed by tatutes	e-named o y the corp s.	corpor oration	ation submits this statement for the n's board of directors. I hereby acce	purpose of pt the ap	of changing pointment	g its registered as registered
		Signature, typed	or printed name of registered					ont signature r	required	when reinstating)	DATE		
12. TITL		Р	OFFICERS A	AND DIREC	DELETE	1:				ADDITIONS/CHANGES TO OFFI	CERS AN		
Į.		! "	E ANTHONY VIII		בן טבננונ		I TITLE NAME	i				L Chang	je <u> </u>
	NAME PUGLIESE, ANTHONY V III STREET ADDRESS 2500 MILITARY TRAIL, SUITE			E 200				ADDRESS					
	-ST-ZIP		ATON FL	E 200			I SINEEI I CITY-S	1					
TITL		O O N II	MONTE		DELETE		TITLE	01-2 F				☐ Chang	e Addition
NAN	ŧΕ						NAME						, , , , , , , , , , , , , , , , , , , ,
STRE	EET ADDRESS					2.3	STREET	ADDRESS					
CITY	-ST-ZIP					2.4	4 CITY-S	ST-ZIP					
ŤIŤLI	E				DELETE	3.1	TITLE					☐ Chang	e Addition
NAM	E					3.2	NAME	- 1					
STRE	ET ADDRESS					3.3	STREET	ADDRESS					
	-ST-ZIP					3.4	. CITY - S	ST-ZIP					
TITLE					DELETE	1	TITLE					Chang	e 🔲 Addition
NAM							2 NAME						
	ET ADDRESS							ADDRESS					
TITLE	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	☐ DELETE		CITY - S	T-ZIP				Chang	a Addition
NAM					L VELLIL		TITLE NAME	l				L Change	e L Addition
	ET ADDRESS							ADDRESS					
	-ST-ZIP						CITY-SI						
TITLE					DELETE	_	TITLE	. 411				Change	e
NAMI	e İ						NAME						
								- 1					i

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 suppliementar 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 of flustee 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.

CITY-ST-ZIP

2/3/98

(561) 007-6666

FILED

Feb 16 1998 8:00am

Secretary of State