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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000084390 (1)

## FILED Jan 20 1998 8:00am Secretary of State

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BOCA RATON	N FL 33496	BOCA RATON FL 3349	6.					
	,				DO NOT WRITE	IN THIS SPA	ACE	
					3. Date Incorporated or Qualified			
		T - 44 W - 44			11/16/1994			
_ ·	Place of Business	2a. Mailing Address	Ξ.		4. FEI Number		——————————————————————————————————————	oplied For
Suite, Apt	# ata	26	_ +		65-0540595		<del>, , , , ,</del>	ot Applicable
22	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired			Additional equired
City & State	<u> </u>	27   City & State						<del></del>
23	•	28	Ę.,		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has pai	d the evere		
24	25	29	30		Personal Property Tax due June	,,		
24	9. Name and Address of Currer		[50]		10. Name and Address of New Res			
1F\	√Y, HYMAN	<del>_</del>		81 Name				
	11 ENCHANTED POINT LANE			00 00	70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1-1		
1 .	CA RATON FL 33496			82 Street Ad	dress (P.O. Box Number is Not Acceptable	le)		
	5, 1 1 6, 1 / 2 65 165			83				
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1				84 City		FL	85   Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Stat	utes, the at	pove-named co	rporation submits this statement for the pr		I nanging it:	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the corpor	rporation submits this statement for the pration's board of directors. I hereby accep	t the appoin	tment as	registered
i adentia	in familiar with, and accept the oblig	ations of, section 607.0505, r	Joriua Stat	uies.				
1								
SIGNATURE	Signature, typed or printed name of registered ag			i Agent signature req	ulred when reinstating)	DATE		
1	Signature, typed or printed name of registered ag-			1 Agent signature req	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12
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14. I hereby certify that the information supblied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and a churate 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 preceiver or trustee empowers of execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed of or an address.

SIGNATURE:

HITUIRED

1/5/97

CH2E034 (10/97)