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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 20 1998 8:00am

	ANNUAL RE 1998			Secretary of State DIVISION OF CORPORATIONS					Secretary of State				
1. Co	CUMEN rporation Name	•	P94000	091658 IC.	(2)								
Principal Place of Business Mailing Address									4			)   101i 180	
8298 KETCH CT. HOBE SOUND FL 33455 US				P.O. BOX 1610 Delray Beach FL 33447 US				DO NOT WRITE	IN THIS SPA(	Έ			
"									3. Date Incorporated or Qualified				
2. Prir	ncipal Place of B	usiness		2a. Mailing Addres	SS.		<del></del>		12/19/1994 4. FEI Number		An	plied For	
21	<del></del>			26					65-0554786		<del></del>	t Applicable	
Sui 22	Suite, Apt. #, etc.			Suite, Apt. #, etc.			<u></u>	5. Certificate of Status Desired	1 1 7	<b>B.75</b> A Fee Re	Additional quired		
——, ·	City & State			City & State					6. Election Campaign Financing			May Be	
23 Zip		Cou	ntry	Zip	<del></del>	Countr			Trust Fund Contribution  8. This corporation owes or has paid		Added to		
24		25	•	29	30	]		_	Personal Property Tax due June 3		_	] No	
	9, Na	me and Ad	dress of Current f	Registered Agent			1		10. Name and Address of New Reg	istered Ager	t		
BARRY TAYLOR & ASSOCIATES P A						81	Name	!					
900 E INDIANTOWN RD						82	Street	Addre	ess (P.O. Box Number is Not Acceptable)				
STE 300 JUPITER FL 33477						83	,—						
	JUFILEN FL	. 55477					<del> </del>				1-7:- 7	<u> </u>	
						84	,			FL 85			
11. Pu of ag	ursuant to the pro fice or registered gent. I am f <b>a</b> miliar	visions of S agent, or b with, and a	ections 607.0502 a oth, in the State of ecept the obligation	and 607.1508, Florida Florida. Such change ons of, Section 607.05	Statutes, e was auth 505, Florid	the abov orized b a Statute	e-named y the cor s.	d corpo poratio	ration submits this statement for the pun's board of directors. I hereby accept	rpose of chai the appointm	nging its ient as r	registered registered	
SIGNA	ATURE	Lit	Th_										
12.	Signature, ty	ped or printed r	OFFICERS AND I		(NOTE: RE	13.	eni signature	e required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIR	FCTOR	S IN 12	
TITLE	Ď		O. TIOLIOTAID	DELL	TE	1.1 TITLE		]			Change .	Addition	
NAME	MILLE	R, GREGO	DRY S			1.2 NAME							
STREET A	STREET ADDRESS 4160 NW 1ST AVENUE SUITE			4	1.3 STREET ADDRESS								
CITY-ST	-ZIP BOCA	RATON I	FL 33431			1.4 CITY-	ST - ZIP			<del></del>		——————————————————————————————————————	
TITLE				☐ DELE	:T <b>E</b>	2.1 TITLE				□ (	Change	Addition	
NAME						2.2 NAME	T 4000000						
STREET A					1	2.3 STREE	T ADDRESS						
TITLE	-217			DELE	TE	3.1 TITLE	31-211	_			hange	Addition	
NAME	ĺ					3.2 NAME							
STREET A	ADDRESS					3.3 STREE	T ADDRESS	1					
CITY-ST	- ZIP					3.4. CITY-	ST-ZIP	ļ				·	
TITLE				☐ DELE	:TE	4.1 TITLE				Ц	Change	☐ Addition	
NAME						4. 2 NAME							
STREET A	1					4.3 STREE 4.4 CITY-5	T ADDRESS	-					
CITY-ST	- ZIF			DELE	TE	5.1 TITLE	31-215	<del> </del>			hange	Addition	
NAME						5.2 NAME				-			
STREET A	odress				1		ADDRESS	1					
CITY-ST						5.4 CITY-5	ST-ZIP	<u></u>					
TITLE				☐ DELE	TE	6.1 TITLE					hange	Addition	
NAME						6.2 NAME							
CTOCCT &	INDEECC 1					C D CTOCCI	LYDUDEGG	1					

6.4 CITY-ST-ZIP 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 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.