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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

Principal Place 700 W HILLS BLDG #3 - S DEERFIELD B		Y, INC.  Mailing Address  700 W HILLSBORO BLVE BLDG. #3 - STE #101 DEERFIELD BEACH FL 3	)	DO NOT WRITE IN THIS	
US		U\$		3. Date Incorporated or Quatified	
2. Principal P	lace of Business	2a. Mailing Address		01/02/1995 4. FEI Number	Applied For
21		26		65-0590515	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 City & State			Fee Required
23		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the cu     Personal Property Tax due June 30.	irrent year intangible ☐ Yes <b>☑</b> No
	9. Name and Address of Currer			10. Name and Address of New Registered	
PAIGE, GREGORY 81 Name					
700 W HILLSBORO BLVD				ress (P.O. Box Number is Not Acceptable)	
	DG #3 - STE #101	// .			
DE	ERFIELD BEACH FL 33441	$H \cap$	83		
			84 City	Fl	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 691 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordal Sych change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation, of, 30 tion 607.0505, Florida Statutes.					
SIGNATURE	and decept the cong	IX	/		
	Signature, typed or printed name of regulered age		: Registered Agent signature requir		
12.	OFFICERS AN	THE COLUMN THE PARTY OF THE PAR	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	POST COCCODY	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	PAIGE, GREGORY ss 700 W HILLSBORO BLVD, BLDG #3 - STE #101		1.2 NAME		
CITY-ST-ZIP	DEERFIELD BEACH FL	DO #3 · SIE # IUI	1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	DECINICED BEACHTE	DELETÉ	2.1 TITLE		Change Addition
NAME			2.2 NAME		<b>v</b> —
STREET ADDRESS			2.3 \$1REET ADDRESS		
CITY+ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
GITY-\$1-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		Fin precie	4. 2 NAME		п онанус п марили
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>		5.4 CITY - ST - 7/P		
TITLE		☐ DELETE <b>A</b>	6.1 THTLE		☐ Change ☐ Addition
NAME OTDEET ADDRESS		/\	6.2 NAME		
STREET ADDRESS		- 11 -	6.3 STREET ADDRESS		
14. I hereby c	ertify that the information supplied wi	ith this filing does not duality to	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further o	ertify that the information
14. I hereby certify that the information supplied with this filing does not duality 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 infulaccurate 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.					