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

P95000034535 (1)

Principal Place	of Business	RNATIONAL GI		Mailing Address							
4355 NW 6TH AVENUE POMPANO BEACH FL 33064				4355 NW 6TH AVENUE POMPANO BEACH FL 33064							
								DO NOT WRIT	E IN THIS	SPACE	
								3. Date Incorporated or Qualified			
9 Principal Dia	ace of Busines	te.	1 4-	, Mailing Address				04/27/1995 4. FEI Number			Applied Co.
2. Principal Place of Business 1 Suite, Apt. #, etc. 2			-	26 Suite, Apt. #, etc.				**	-	Applied For Not Applicable	
			20				65-0578204			 _	
			27					5. Certificate of Status Desired Fee Required			
City & State			- 21	City & State				6. Election Campaign Financing			
13			28	28				Trust Fund Contribution	_ _		
Zip		Country	-	Zip	Cou	untry		8. This corporation owes or has p			
14	25		29	·	30	•		Personal Property Tax due June	_	Yes	□ No
	g, Name ar	nd Address of Curr	ent Regi	stered Agent	1,751			10. Name and Address of New R		Agent	
PI	EARSON, LO)DNA				81	Name				
4355 NW 6TH ASVE POMPANO BEACH FL 33064					82 Street Ad			/DO Double-free in Net Assessments			
				į¹		92	Street Add	dress (P.O. Box Number is Not Accepta	Die)		
rı		JACH I FL WOODY									
						83					
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44 Purpugat to	the provision	os of Spations 507 DB	502 pad	CO7 1509 Florido Stotue	tos the si	84	City	position authorite this statement for the	FL	11	ip Code
		ns of Sections 607.0: It, or both, in the Sta and accept the other prided name of registared a				bove- d by t	named corpora	poration submits this statement for the ation's board of directors. I hereby accessive the statement for the ation's board of directors. I hereby accessive the statement for the policy of the statement for the	purpose of pt the app	11	-
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CITY-ST-ZIP 14. Thereby 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.

4.4 CITY - ST - ZIP

5.4 CiTY - ST - ZiP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5 3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

POMPANO BCH FL 33064

DELETE

DELETE

Lorna Pearson

April 25, 1998

Change

Change

Addition

☐ Addition

FILED

May 08 1998 8:00am

Secretary of State