## 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

## P95000036679 (5) DOCUMENT #

## **FILED** Feb 11 1998 8:00am Secretary of State

Principal Plac	RBURY DR	Mailing Address 3750 CANTERBURY DR			
BOCA RATON FL 33434 US BOCA RATON FL 33434 US				DO NOT WRITE IN TH	IS SPACE
		• •		3. Date Incorporated or Qualified	
			<del></del>	05/05/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.		65-0599286	Not Applicable  \$8.75 Additional
22	", 010	27		5. Certificate of Status Desired	Fee Required
City & Stat	ө	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Operators	28]	Caunta	Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
<u> </u>	9. Name and Address of Curre		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	
W/	LSER, THOMAS C ESO.		81 Name	1/07-5-1 600	~~~
7015 BERACASA WAY STE 201			82 Street Addr	ess (P.O. Box Momber is Not Acceptable)	איירועי
B0	ICA RATON FL 33433		3	750 CANTERBURY	OR.
			83		`
			84 City	~	B5 Zip Code
44 6	10 4 007.05	00 1007 1500 51 11 0001		ea ragon f	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or balfi, in the Stati	02 and 607.1508, Florida Statute e of Florida. Such change was a	is, the above-named corp uthorized by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	e of changing its registered   appointment as registered
agent. I a	m familiar with and accept the oblig	ating of Section 607.0505, Flor	rida Statutes.		
SIGNATIONE	Significant, typed of printed name phegistred ag	pent and title if applicable (NOTE	: Registered Agent signature requir	ed when reinstating)	188
12.	<del>/</del>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	·
TITLE	0	☐ DELETE	1.1 TITLE		Change Addition
NAME	goodman, norman		1.2 NAME		
STREET ADDRESS	3750 CANTERBURY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STHEET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP	,	Change Addition
TITLE		TT NETEKE	3.1 TITLE 3.2 NAME		LI Criange LI Addition
NAME .					
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		<u> </u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.