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

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000040223 (6)

765-767 AVENUE OF THE AMERICAS CORP.

Principal Place of Business Mailing Address **% TEDESCO & LANDIS. P.A** % TEDESCO & LANDIS. P.A 980 N. FEDERAL HWY., STE. 302 980 N. FEDERAL HWY., STE, 302 **BOCA RATON FL 33432 BOCA RATON FL 33432** 

## FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified <u>05/19/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 C/O STEVEN KANE 26 c/o STEVEN KANE 65-0600328 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 4112 CASE 4112 CASE Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 HOUSTON, TX 28 HOUSTON, TX Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 77005 29 77005 25 Personal Property Tax due June 30. y Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TEDESCO. ROY S 980 N. FEDERAL HWY., STE. 302 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 City Zip Code 84 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Florida. Such 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition KANE, JACK NAME 1.2 NAME 9750 HARBOR LAKE DR. STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE KANE, STEVEN NAME 2.2 NAME 9750 HARBOR LAKE DR. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WRIGHT, JANET NAME 3.2 NAME 9750 HARBOR LAKE DR. STREET ADDRESS 3.3 STREET ADDRESS CITY -ST-ZIP **BOYNTON BEACH FL 33437** 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 adactiment with an address.

SIGNATURE:

STEVENKANE My 18 7136607685