## 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

DOCUMENT # P95000040719 (3)

Secretary of State

**FILED** 

Feb 23 1998 8:00am

Principal Plac	ACHINE, INC.	Malling Address					
3730 E. INDUSTRIAL WAY 3730 E. INDUSTRIAL WA RIVIERA BEACH FL 33404 RIVIERA BEACH FL 3340 US US					DO NOT WRITE IN THIS SPACE		
08		U\$			3. Date Incorporated or Qualified	V THIS SPACE	_
					05/23/1995		
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	_
21	4 -1-	26			65-0582733	Not Applicab	ılе
Suite, Apt.	#, <b>6</b> IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		•	6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28	Country			Added to Fees	
24	25	29	Country 30		This corporation owes or has paid     Personal Property Tax due June 30		
	g. Name and Address of Curre				10. Name and Address of New Regis	stered Agent	
	DRPORATION SERVICE COMPA	1Y	81 Na	ame			
	01 HAYS STREET LLAHASSEE FL 32301-2525		<b>82</b> St	reet Addre	ess (P.O. Box Number is Not Acceptable)	)	_
''	FEMINOSEE LE SESO 1-5353		83				
			<b>84</b> Ci	h.		<b>85</b> Zip Code	_
				•			
office or r agent. I a SIGNATURE	to the provisions of Sections 607.054 egistered agent, or both, in the State in familiar with, and accept the oblig stream, typed or printed name of registered ag	ations of, Section 607.0505, Flo	orida Statutes.		oration submits this statement for the pur on's board of directors. I hereby accept t	pose of changing its registered the appointment as registered	d _
12.	OFFICERS AND DIRECTORS		: Registered Agent signature required		ADDITIONS/CHANGES TO OFFICER		_
TITLE	P	DELETE	1.1 TITLE	Q		Change Additio	
NAME	teklinski, steven f		1.2 NAME	TE	KLINSKI, Steven F	<b>/</b>	
STREET ADDRESS	-10422 BOYNTON PL-CR-→		1.3 STREET ADDR	ESS /3/S	R /LE DI MO		
CITY-ST-ZIP	- BOYNTON BCH FL -		1.4 CITY-ST-ZIP	55	piter F1 33478		
TITLE		DELETE	2.1 TITLE			Change Addition	'n
NAME			2.2 NAME		, `		
STREET ADDRESS			2.3 STREET ADDR	ēSS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2. 4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE	1		Change Addition	n
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDR				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP	<del></del>		About Addition	_
NAME			4.1 TITLE			☐ Change ☐ Addition	n
STREET ADDRESS			4. 2 NAME				1
CITY-ST-ZIP			4.3 STREET ADDRI	.33			Ì
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	+-		☐ Change ☐ Addition	$\dashv$
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRE	ess			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				- [
TITLE		DELETE	6.1 TITLE			Change Addition	$\forall$
NAME			6.2 NAME	-			
STREET ADDRESS			6 3 STREET ANADE				- [

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.

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2-18-98

1-11/844-1200