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 # P95000049078 (5)

Principal Place of B		Mailing Address	DIMO					
751 NORTHLAKE BLVD. SUITE 3 NORTH PALM BEACH FL 33408		751 NORTHLAKE SUITE 3	751 NORTHLAKE BLVD. SUITE 3			DO NOT WRITE IN THIS SPACE		
		NORTH PALM BEACH FL 33408						
						3. Date Incorporated or Qualified 06/19/1995		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		plied For
नी		26				65-0587266	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
:3		28				Trust Fund Contribution	Added t	
Zip Country 25		7φ 29	30	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	Name and Address of Co		 -			10. Name and Address of New Registered	Agent	
office or registe	ered agent or both in the !	7.0502 and 607.1508, Florid State of Florida, Such chan obligations of, Section 607.0	ie was auth	porized by	e-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing it	Code s registered registered
SIGNATURE Signature	ire, typed or printed name of nighton	खर्च संजूषाते संभवे (तीट वे सामून्य अंग्रेट	(NOTE Re	astered Age	nt signature requ	ired whon reinstaling) DATE		
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE D		D DE	ETE	1.1 TOLE			Change	Addition
	atson, Joyce			1.2 NAME	Ţ			
	1 LIGHTHOUSE DR.			1.3 STREET	ADDRESS			
CITY-ST-ZIP PA	ALM BEACH GARDENS			1.4 CHY-S	T-ZIP			
TITLE		☐ DE	ETE	2.1 TITLE	-		Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	1			
CITY-ST-ZIP		——————————————————————————————————————		2 4 CHY-5	ST-ZIP		I I Oberes	Addition-
TITLE		∐ DEI	£ I E	3 1 TATLE	ļ		L Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	I			
CITY-ST-ZIP				34. CITY-5	ST-ZIP			

64 CITY-ST-ZIP 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 for on an attachment with an address

4.1 TiTLE

4. 2 NAME

5.1 TiTL€

5.2 NAME

6.1 1ITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

44 CHTY-ST-ZIP

DELLTE

DELETE

DELETE

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-ZIP

Change

Change

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Addition

Addition

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FILED

Mar 02 1998 8:00am

Secretary of State