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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1 '	MEN # P9500(ND SERVICES, INC.	0058067 (6)			# 1888# 1488# #1884 1884 1881 1881	
Principal Plac	o of Business	Mailing Address				
251 ROYAL PALM WAY SIXTH FLOOR		251 ROYAL PALM WAY SIXTH FLOOR		DO NOT WORK IN A	WD ODAOS	
PALM BEACH	1 FL 33480	PALM BEACH FL 33480		OO NOT WRITE IN TH 3. Date Incorporated or Qualified	11S SPACE	
]				07/25/1995		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied for	
21		26		65-0603023	Not Applicable	
Suite, Apt.	#, otc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27		S. Continuate of Otatos Bostilla	Fee Required	
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	_Z ıp	Country	8. This corporation owes or has paid the	F8/4	
24	25 25 Name and Address of Curren	29 st Booletored Apont	30	Personal Property Tax due June 30.	X Yes No	
	· 1 · · ·	ii negistereu Agent	81 Name	10. Name and Address of New Register	ed Agent	
SCHILLINGS, CHRISTOPHER J						
251 ROYAL PALM WAY SIXTH FLOOR			82 Street	Address (P.O. Box Number is Not Acceptable)		
	LM BEACH FL 33480		83			
	EN BENOTTE COTOR					
-			84 City	F	85 Zip Code	
ageni. i a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi	2 and 607.1508, Florida Statute of Florida Such change was au alions of, Section 607.0505, Flor	s, the above named athorized by the corp ida Statutes	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	e of changing its registered appointment as registered	
SIGNATURE	Stgnature, typed or printed name of registered age	ent ar ci titic if amole able	Bog stered Agent signature	required when reinstating) DAT	<u> </u>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS /		
TITLE	PD	DOTTETE	1.1 TITLE		Change Addition	
NAME	MCCRAY, GEORGE		12 NAME			
STREET ADDRESS	624 EVERNIA ST		13 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL	· · · · · · · · · · · · · · · · · · ·	1.4 Crì Y - ST - ZIP			
TITLE	STD	₹ DELFTE	21 TITLE	STD	Change 🔼 Addition	
NAME	MEITZ, GERALD C		2.2 NAME	MEITZ, GERALD C., JR.		
STREET ADDRESS	624 EVERNIA STREET		2.3 STREET ADDRESS	624 EVERNIA STREET	i	
CITY-ST-ZIP TITLE	WEST PALM BEACH FL	DILETE	2. 4 C(1Y - S1 - Z(P)	WEST PALM BEACH FL 33401		
NAME		C) DECIE	3.1 TITLE 3.2 NAME		Change L. Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			34 CITY-ST-7/P			
TITLE	, .	DELETE	4.1 1011		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DECETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP			
TITLE		□ DEL€TE	6.1 TITLE		Change Addition	
NAME			6.2 NAME]	
STREET ADDRESS			63 STREET ADDRESS			

14. Thereby certify that the information supplied with this filling 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 regal 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 I made and that my name appears in all Block 12 or Block 13 if changed. On an attachment with an address.

GEORGE MCCRAY