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

**PROFIT CORPORATION** ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POSCOCOS (A)

**FILED** Apr 16 1998 8:00am Secretary of State

	INSTALLAT	IONS, INC.								
'	e of Business		Mailing Addre							
12970 51ST CT M 12970 51ST CT N 12970 51ST CT N ROYAL PALM BCH FL 33411 US US							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 07/26/1995			
	lace of Busines		2a. Mailing Address			4. FEI Number		Ar	oplied For	
21 /39/	b 5157	CT. N.					65-0596015			ot Applicable
Suite, Apt. #, etc. Suite, Apt. # 22 ' 27							5. Certificate of Status Desired		58.75 / Fee Re	Additional equired
City & Stat	L PALM	BCH. FC	City & State	<b></b>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
Zin 334// 25 PBC			Zip	Zip Country			8. This corporation owes or has paid the current year Intangible			
24 334		PBC	29		10		Personal Property Tax due Jun			No
		nd Address of Curre	nt Registered Agen	<u>t</u>	B1		10. Name and Address of New R	egistered Age	int	
SORBER, LINDA L						Name				
12970 51ST CT N						Street Add	dress (P.O. Box Number is Not Accepte	ible)		
RU	)YAL PALM B(	CH FL 33411			83					
1					163					Ì
						City		FLI		Code
office or i agent I a		t, or both, in the State and accept the oblig					rporation submits this statement for the ation's board of directors. I hereby acceured when reinstating)	por pose or critical post the appoint	ment as	registered
12.			ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DI	RECTOR	RS IN 12
TITLE	D			DELETE	1.1 TITLE				Change	Addition
NAME	SORBER,				1.2 NAME					
STREET ADDRESS	12970 518				1.3 STREET	ADDRESS				
CITY-ST-ZIP		LM BCH FL			1.4 CITY-S	T-ZIP				
TITLE	D			DELETE	2.1 TITLE				Change	☐ Addition
NAME	SORBER,				2.2 NAME	Ţ				
STREET ADDRESS	12970 519				2.3 STREET	ADDRESS				*
CITY-ST-ZIP	HUYAL PA	ILM BCH FL		OCCUTE.	2.4 CITY - S	17 - ZIP			Ohanas	Addition
TITLE			L	DELETE	3.1 TITLE			L	Change	- Moningu
NAME CIDELT ADORESE					3.2 NAME	ADDRESS				
STREET ADDRESS	1				3.3 STREET	1				}
CITY-ST-ZIP TITLE				DELETE	34 CITY-S 41 TITLE	11 - 24"			Change	Addition
NAME				•	4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP	ļ				4.4 CITY-S					- 1
TITLE				DELETE	5.1 TITLE				Change	Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY - ST - ZIP					5.4 CITY- \$1	T- ZIP				
TITLE	<u> </u>			DELETÉ	6.1 TITLE				Change	Addition
NAME					6.2 NAME	1				[
STREET ADDRESS					6.3 STREET	ADDRESS				
CITY-ST-ZiP	<u> </u>				6.4 CITY-S	T-ZIP				

14. I hereby 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 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.

SIGNATURE: \_