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

1. Corporation	MEN # P9500 R TRADE CORP.	00066833 (1))		ONE CONTROL OF THE CO
Principal Plac	ce of Business	Mailing Address	·	1.40014001410 (DYO) BYAY BUNIN BONIN BONIN BENIN	BANG AN di idiro kate kiki 1861
2840 S. OCEAN BLVD STE #117 PALM BEACH FL 33480 US		2840 S. OCEAN BLVD STE #117 PALM BEACH FL 33480 US		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
9 Principal C	Place of Business	2a. Mailing Address		08/29/1995 4. FEI Number	Applied For
21 21	lace of Educates	26. Mailing Address			Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.		65-0609861	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	~
	9. Name and Address of Curre			10. Name and Address of New Register	
FOGARTY, WILLIAM M 370 WEST CAMINO GARDENS SUITE A265 BOCA RATON FL 33432			82 Street Add 83 84 City	83	
11. Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607 De registered agent, or both, in the Statem familiar with, and accept the obli- signature, typed or profest name of registered a		utes, the above-named corps authorized by the corpora Florida Statutes. OTE: Registered Agent signature requi	poration submits this statement for the purposition's board of directors. I hereby accept the directors when reinstating)	
12.	,	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	LUTTER, FRED		1.2 NAME		
STREET ADDRESS	2840 S. OCEAN BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PALM BEACH FL 33480	DELETE	1.4 CITY - ST - ZIP		Change Addition
NAME		المارين السرة	2.2 NAME		Orlange Flooriton
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-2IP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	1	DELETE	5.1 TiTL€		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP	ļ		5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	I		6.3 STREET ADDRESS		

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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or on an attachment with an address.

6.4 CITY - ST - ZIP

FILED

Mar 23 1998 8:00am

Secretary of State