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 # P95000071100 (8)

Principal Place of Business Superior Sup	915 C	OURT STREET CORP.	•					
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City & State	Suite, Apt	. #, etc.	··		E. Codificate of Status Desired	\$8.75	Additional	
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25 29 30 Personal Property Tax due June 30 Personal Proper						·		
10. Name and Address of Current Registered Agent 10. Name and Address of New Registered 10. Name and New Registered 10. Name and Address of New Registered 10. Name and Address of New Registered 10. Name and New Registered 10. Name an		<u>├</u> ¬		_	У			
FLORIDA LAWDOCK, INC. 222 LAKEWIEW AVE FOURTH FLOOR WEST PALM BEACH FL 33402-3188 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Kenda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Kenda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Kenda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Kenda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Kenda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of City State o	24]			[30]				
### PALM BEACH FL 33402-3188 ### City FL 85 Zip Code #	FL			8	1 Name			
FOURTH FLOOR WEST PALM BEACH FL 33402-3188 84 City FL 85 Zip Code 11. Pursuins to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,6505, Florida Statutes. SIGNATURE SIGNATURE PD CTICLES AND DIRL CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRL CTORS 11. TITLE NAME KEIRLEBER, JEFFREY LI SANSIDE DRIVE CLEARWATER BEACH FL 14. TITLE SWEET, MICHAEL SWEET, MICHAEL SWEET, MICHAEL SOPTRICK BLVD SUTIE 140 BROOKFIELD WI STREET ADDRESS CITY-S1-2P TITLE STREET ADDRESS CITY-S1-2P TITLE STREET ADDRESS CITY-S1-2P STRE					D	dday (D.O. Day Mushamira Not Assessable)		
### Provisions of Sections 607 0502 and 607; 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the Sinte of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, and accept the Official Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered spent of minimal with, and accept the obligations of, Section 607,0505, Florida Statutes. **SIGNATURE** **SIGNATURE** **Signature represed name of the depth and the depth and the depth and the depth and accept the obligations of, Section 607,0505, Florida Statutes. **SIGNATURE** **Signature represed name required when reflectating)** **DATE** **					STORY A	odress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Socioloris 607 0502 and 607 1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and state of Florida Statutes. SIGNATURE Signature Tignature required when reflexating) OFFICE HIS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME SIREFA DORESS CITY-ST-2PP SIREFA DORESS CITY-ST-2PP DELETE 1 STREET ADDRESS CITY-ST-2PP DELETE 1 STREET ADDRESS CITY-ST-2PP DELETE 1 STREET ADDRESS CITY-ST-2PP DELETE 3 STREET ADDRESS CITY-ST-2PP DELETE 3 STREET ADDRESS CITY-ST-2PP DELETE 4 CITY-ST-2PP DELETE 3 STREET ADDRESS CITY-ST-2PP DELETE 4 CITY-ST-2PP DELETE 4 CITY-ST-2PP DELETE 4 CITY-ST-2PP DELETE 4 CITY-ST-2PP DELETE A STREET ADDRESS CI	W	EST PALM BEACH FL 33402-3188	3	6	3			
11. Pursuant to the provisions of Socioloris 607 0502 and 607 1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Triorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and facept the obligations of, Sociolor 607.6508. Florida Statutes. SIGNATURE Signatur				8	4 City	•	R6 7in	Code
SIGNATURE Signature from control numbered against and table of eight about 1901 Registered Against signature required when relegating) DATE				1	""	FL	_ 1 1 ′	
Signature types or promoted returns of regolated deprival and tilt of applicable NOTE Registered Agent signature required when refinanting) DATE		Lio the provisions of Sections 697.0502 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a ntions of, Section 607.0505, Flo	es, the about the state of the	ve-named c by the corpo es.	orporation submits this statement for the purpose condition's board of directors. I hereby accept the app	if changing if pointment as	ts registered registered
THILE	SIGNATURE	Signature, typed or printed name of registered ages	rd and title d applicable (NOTE	Registered A	gent signature re	equired when reinstating) DATE		
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	STREET ADDRESS				l l			

14. Thereby 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 supplienced a sinual 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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

Michael Sweet, Secreta

DELETE

4/20/98

(414) 792-9200

FILED

May 18 1998 8:00am

Secretary of State