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

### Application		MENT # P9500(ENTERPRISES, INC.	0073266 (5)			ia e 1910 (1811) in 1811 in 1841
225 EDUCR ROAD WEST PALM BEACH R. 33405 WEST PALM BEACH R. 33405 Subsequence Palm Beach R. 3	Drianing Place of Purioses						881
No. Part Pala Beach FL 33405 Pala Be							
2. Principal Place of Business 2a, Mailing Address 4, FEI Normore NOT APPLICABLE Not Applied For N				L 33405			
Principal Place of Business 2s, Mailing Activess 4, FE Nomitor NOT APPLICABLE Story Applicable Surfa, Apl. 4, etc. 27 Surfa, Apl. 5, etc. 5, Certificate of Status Desired St. 75 Additional St. 75 Addition							SPACE
Sulfe, Apt. #, 8fd. Sulfe, Ap						09/20/1995	
Solic Apt #, etc. 29							Applied For
Security						NUT APPLICABLE	
City & State Country 28 Country 28 Country 29 Coun						5. Certificate of Status Desired	•
28						& Floation Compaign Financing	
Country 2/19 30 50 50 50 50 50 50 50	<u> </u>		<u></u> ⊢₁ '				•
28		Country		Count	ry		
Name Size LYNNE P 225 EDMOR ROAD	24	25	29	30			_ `
225 EDMOR ROAD WEST PALM BEACH FL 33405 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City			t Registered Agent			10. Name and Address of New Registered	Agent
WEST PALM BEACH FL 33405 11. Pursuant to the provisions of Societies 607 0507 and 607 1508, Florida Statules, the above mamed corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Hordin Soch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered spend, and accept the obligations of Societies 607 0508, Florida Statules, the above mamed corporation's board of directors. I hereby accept the appointment as registered spend, and the appointment as registered spend, and the appointment as registered spends with a spending the corporation's board of directors. I hereby accept the appointment as registered spends with a spending the corporation's board of directors. I hereby accept the appointment as registered spends are registered spends registered spend				8	1 Name		
### City ### St Zip Code 11. Pursuant to the provisions of Sections 607 6502 and 607 1508, Florica Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Handin 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 Handin 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 Handin 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 Handin State agent. #### STRETA OFFICE HIS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. #### TITLE				8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
11. Pursuent to the provisions of Sections 607 0502 and 607 1508, Floridia Statules, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horidia, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent, and accept the obligations of Section 607 0506, Floridia Statules. SIGNATURE 12				8	3		
11. Pursuent to the provisions of Sections 607 0502 and 607 1508, Floridia Statules, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horidia, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent, and accept the obligations of Section 607 0506, Floridia Statules. SIGNATURE 12				8	4 City		85 Zip Code
SIGNATURE Signature type or protect represented agent and title of unique and more represented agent signature					' '	FL	_ '
Signature System to protect any of tropic and all and signal and late. If signature for protect when remembaling) DATE	1	to the provisions of Sections 607 050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1598, Florida Stat of Florida Such change was alions of, Section 607.0505, I	ules, the abo s authorized l Florida Statut	ve-named co by the corpo es.	orporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its registered pointment as registered
TITLE	0.0111170.12			OTE: Registered A	gent signature re	equired when reinstaling) DATE	
NAME STREET ADDRESS CITY-ST-ZIP						ADDITIONS/CHANGES TO OFFICERS AN	
STREET ADDRESS			Uttere				Change Aboltion
CHY-ST-ZIP WEST PALM BEACH FL 33405		I					
TITLE		-	15		' I		
NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 3.1 ITILE Change Addition							Channe Addition
STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 2.4 CITY-ST-ZIP TITLE		KIESEL, JOHN C					
CITY-ST-ZIP		225 EDMOR ROAD					
NAME	CITY-SY-ZIP	WEST PALM BEACH FL 3340	5				
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE		DELET é	3.1 TITLE			Change Addition
STREET ADDRESS STRE	NAME			3.2 NAM			
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME Addition Addition	STREET ADORESS			3.3 STRE	ET ADDRESS		
A 2 NAME	CITY-ST-ZIP			3.4. CITY	- \$1 - 21P		
A3 STREET ADDRESS A4.8 CITY-ST-ZIP A4.4 CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS A4.5 CITY-ST-ZIP ADDRESS ADD	TITLE		☐ DELETE	4.1 TITLE			Change Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME 6.1 TITLE Change Addition	NAME			4. 2 NAM	E		
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME	STREET ADDRESS			4.3 STRE	ET ADDRESS		
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 5.2 NAME			T3 bt (FT				
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.1 TITLE 6.2 NAME Change			L DELEIE		1		Change Addition
CITY-\$1-ZIP 54 CITY-\$7-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 52 NAME Change Addition							
TITLE DELETE 6.1 TITLE Change Addition NAME 52 NAME							
NAME 5.2 NAME	····		☐ DELETE				Change Addition
							Trighton
					- 1		

6.4 CITY-ST-ZIP 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 eath; 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 or an attachment with an address. 1012

FILED

Apr 27 1998 8:00am

Secretary of State