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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business Ses ROYAL PALM BOH BLVD STE 258 Sulfo, Apt. #, etc. 228. Mailing Address 4. FEI Number 249. Sulfo, Apt. #, etc. 270. Sulfo, Apt. #, etc. 271. Sulfo, Apt. #, etc. 272. Sulfo, Apt. #, etc. 273. Sulfo, Apt. #, etc. 273. Sulfo, Apt. #, etc. 274. Clty & States 275. Country 289. The Country 289. The Country 289. Sulfo, Apt. #, etc. 289. Sulfo, Apt. #, etc. 289. Sulfo, Apt. #, etc. 299. The Country 289. The Country 289. Sulfo, Apt. #, etc. 289. Sulfo, A	D.	-		# P9600 RRIS, P.A.	0000782 ((8)								
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City & State 23 City & State 24 26 27 27 28 28 29 30 8. This corporations were on has paid the currenty sear intenglible personal Property Tax due June 30. IE/T % No. 9. Name and Address of Current Registered Agent MORRIS, ROBERT R 885 ROYAL PALM BCH BLVD STE 205 ROYAL PALM BCH FL 33411 89 80 City FL 80 City City FL 80 City City FL 80 City FL 80 City FL 80 City FL 80 City City City City City City City City	h	Suite, Apt.	#, etc.		 - 1				5. Certificate of	Status Desired				
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9. Name and Address of Current Registered Agent MORRIS, ROBERT R 88 ROYAL PALM BCH BLVD STE 205 ROYAL PALM BCH FL 33411 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the above-named corporation submits this statement for the pursues of changing its registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and member with and accept the objected agent accept the		Zip Country				· · · · · · · · · · · · · · · · · · ·				8. This corpora	tion owes or has	paid the cu	rrent year Ir	ntangible
MORRIS, ROBERT R 685 ROYAL PALM BCH BLVD STE 205 ROYAL PALM BCH FL 33411 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Soction 607.0505, Florids Statutes. 12. PSTD	24												□No	
BSROYAL PALM BCH FL 33411 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and manufacture in accept the originators. Socious 607.050. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and manufacture in accept the originators. Socious 607.050. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and manufacture of registered agent and sea authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and manufactures. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have accept the original agent agent agent a					nt Registered Agent			T		10. Name and A	ddress of New I	Registered	Agent	
STE 205 ROYAL PALM BCH FL 33411 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered specific agent, and rise it applicates. SIGNATURE SIGNATURE SIGNATURE 12. PSTD MORRIS, ROBERT R 88 ROYAL PALM BCH BLVD STE 205 ROYAL PALM BCH BLVD STE 205 ROYAL PALM BCH BLVD STE 205 ROYAL PALM BCH FL DELETE 1.4 DITY-ST-2P TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Addition MAKE 3.2 STREET ADDRESS CITY-ST-2P TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Addition Addition Addition Addition Addition MAKE STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition Addition Addition MAKE STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-2P TITLE DELETE 5.1 TITLE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		-					81	Nar	ne					
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11. Pursuant to the provisions of Sections 607.05.02 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 607.05.05, Florida Statutes, the exposured submits and accept the obligations of Section 607.05.05, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.05.05, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered dispersions of Section 607.05.05, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent agents with a registered dispersion of Section 607.05.05. Florida Statutes, the above named registered agent and the appointment as registered dispersion of Section 607.05.05. Florida Statutes and the agents of Section 607.05. Florida Statutes and the agents of Section 607.05.05. Florida Statutes and the a	(
11. Pursuant to the provisions of Sections 607.6502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE							84	City		···		Pm 1	85 Zip	Code
SIGNATURE Signature typed or present name of tegretored agent and tith it applicable. (NOTE Registered Agent agrature required when reinstating) 12.	-	Burguant	to the provide	ions of Spetions 607.060	02 and 607 1509 Florida	the abov	0 pam	ad corn	votion submits this	etatoment for the		of changing	ite registered	
Signature tryote or printed name of registered agene and the it applications. (NOTE: Registered Agent agriculture recruited when reinstating) DATE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											pointment a	s registered	
12.	SIG	SNATURE	Signature types	or printed name of registered act	out and tile if applicable	(NOTE: F	Registered Ag	anoia Ins	ture require	when reinstating)		DATE		
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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 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 of 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 charger 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 charger 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 charger 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 charger 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 charger or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

CICNATURE MULLET MANNE

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Mar 03 1998 8:00am

Secretary of State