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

FILED

Mar 13 1998 8:00am

Secretary of State

	MENT # P960(PRITY ANALYTICS, INC.	00010872 (5)		
Principal Place of Business Mailing Address				r rescuese un cour divis sons deut deut destr sent	510 1 4 6 (6) (4) (4) (4) (4) (4) (4) (4)
	NOWARD BLVD.	500 EAST BROWARD B	LVD.		
SUITE 1950 SUITE 1950 FT. LAUDERDALE FL 33394 FT. LAUDERDALE FL 3339			2004	DO NOT WRITE IN THIS SPACE	
FI. LAUDEND	MLE PL 33354	FT. LAUDERDALE FL 33	3354	3. Date Incorporated or Qualified	
				02/05/1996	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0644081	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
22		27	·····	C. Certificate of Status Desired	Fee Required
City & State	в	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24]	25 Country	29	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible See No
<u>+~j</u>	g, Name and Address of Curr		190	10. Name and Address of New Registere	
BO	YLE, CONRAD J		81 Name		
500 EAST BROWARD BLVD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 1950			Siree Add	iless (1.0. box number is not Acceptable)	
FT.	LAUDERADLE FL 33394		83		
			84 City		85 Zip Code
			B4 City	F	85 Zip Code
SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obt Signature, typed or printed name of registered a		authorized by the corpora lorida Statutes. TE: Registered Agent signature requ	poration submits this statement for the purpose stion's board of directors. I hereby accept the a particular when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD HECKER, ALAN R	☐ DELETE	1,1 TITLE		Change Addition
NAME	21218 ST ANDREWS BLVD, STE 306		1.2 NAME		
STREET ADDRESS	BOCA RATON FL	31L 300	1,3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	DOON INTOIT IL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	HECKER, NANCY G		2.1 TILE 2.2 NAME		C Cliarge C Addition
STREET ADDRESS	21218 ST ANDREWS BLVD,	STE 306	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		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	• ,		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		The second	4.4 CITY-ST-ZIP		
TITLE		DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 or the rockier or trastee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an admit is