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 # P96000016083 (3)

FILED Mar 30 1998 8:00am Secretary of State

Principal Plac	S INTERNATIONAL, INC. e of Business ON GOLF DRIVE	Mailing Address 324 EAGLETON GOLF			
PALM BEACH	I GARDENS FL 33418-8054	PALM BEACH GARDEN	S FL 33418-8054	DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	IIS SPACE
				02/19/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0645624	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
GL	JTHRIE, EDWARD R		81 Name		
324 EAGLETON GOLF DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
PA	LM BEACH GARDENS FL 3341	8-8054			
			63		
			84 City		85 Zip Code
	_			F	·L '
office of a agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the oblig		s authorized by the corpor lorida Statutes. DTE: Registered Agent signature reg	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	GUTHRIE, EDWARD R		12 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	GUTHRIE, NANCY		2.2 NAME	* t	_ · -
STREET ADDRESS	324 EAGLETON GOLF DRIV	E	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		2. 4 CITY - \$T - 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			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	-	DELETE	6.1 TITLE		Change Addition
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			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 strue 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 truster indicated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes on an attachment the process.

3-20-98

561-627-8279