## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1. Corporation Name

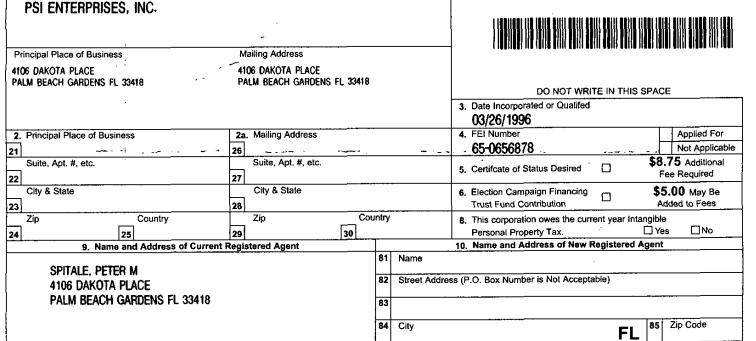


DOCUMENT # P96000028543

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 19, 1999 8:00 am FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 1999

02-19-1999 90089 007 \*\*\*150.00



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 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 as registered

agent. I am familiar with, and accept the colligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition	
NAME	SPITALE, PETER M		1.2 NAME				
STREET ADDRESS	4106 DAKOTA PLACE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE		Change	Addition	
NAME		_	2.2 NAME			1	
STREET ADDRESS			2.3 STREET ADORESS			j	
· .			2.4 CITY-ST-ZIP	المتعادة الباشد باليق السيدا		].	
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		- Detection	3.2 NAME		•	_	
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STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	<del></del>	☐ DELETE	3.4. CITY-ST-ZIP		Change	Addition	
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NAME			4.2 NAME			ļ	
STREET ADDRESS			4.3 STREET ADDRESS	·			
CITY-ST-ZIP			4.4 CITY+ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 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			1	
STREET ADDRESS			6.3 STREET ADDRESS	•	•	İ	
CITY-ST-ZIP	Vice and the second		6.4 CITY-ST-ZIP				

14. I 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 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

SIGNATURE:

CR2E034 (11/98)