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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000028947 (5)

CHURCH PRINTING, INC.

FILED Mar 03 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				1 (64)(66) 118 12118 21111 25111 25111 25111 25111 25111 2111 1111 1111 1111 1111 1111 1111 1111 1111	
7059 DAVIT CR 7059 DAVIT CR							
LAKE WORTH FL 33467		LAKE WORTH FL 33467	LAKE WORTH FL 33467			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						04/02/1996	
2. Principal Pl	ace of Business	2a, Mailing Address	2a, Mailing Address			4. FEI Number Applied For	
21		26	26			65-0655303 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees	
Zip	Country	Ζιρ	Cou	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	g, Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent	
AMI	ERILAWYER CHARTERED			81	Name		
343	343 ALMERIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134		<u> - </u>				
			1	B3			
			1	84	City	85 Zip Code	
					•	FL	
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. i ar	m tamiliar with, and accept the or	oligations of, Section 607.0305, F	iuliua Siali	ul o s.			
SIGNATURE .	Signature, typed or printed name of registered	f agent and title if applicable. (NC	TE: Registered	J Agen	t signature	e required when reinstating) DATE	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	DELETÉ	1,1 111	TLE	1	☐ Change ☐ Addition	
NAME	ALEXANDROW, VLADIMIR	w	1.2 NA	ME	[
STREET ADDRESS	7059 DAVIT CR		1.3 ST	REET A	ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CI	TY-ST	-ZIP		
TITLE	DVS	DELETE	2,1 111	-		Change Addition	
NAME	ALEXANDROW, BARBARA	L	2.2 NA	ME			
STREET ADDRESS	7059 DAVIT CR	-	2.3 STREET		ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		2, 4 CI	11Y - S1	r-ZIP		
TITLE	price trontitie doto.	DELETE		3.1 TITLE		Change Addition	
NAME			3.2 NA	ME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				ITY-S1			
TITLE		DELETE	4.1 111			Change Addition	
NAME			4. 2 N/	AME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			1	TY-ST	- 1	, in the second of the second	
TITLE		DELETE	5.1 111			Change Addition	
NAME			5.2 NA	AME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				TY-ST	- 1		
TITLE		☐ DELET E	6.1 TIT			Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS					ADDRESS		
				TY-ST	- 1		
14. I hereby c	certify that the information supplie	d with this filing does not qualify	for the exe	emoti	ion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
أحمامه المسا	an this applied topost of outsidens	ontal appuial roport is truo and ac	ורום סומיוורי	n tha	t mu eini	gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in	
Block 12	or Block 13 if changed, or on an a	attachment with an address.	ا جانانانانا ر	. 113 11 / /)	OPO:1 03	Stephied by Chapter 657, Fonda Gialdies, and with my mane appears in	