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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # Corporation Name	P96000032610	(3
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FILED Apr 13 1998 8:00am Secretary of State

ACKE	RMAN, LINK & SARTORY, F	P.A.			
Principal Plac	ce of Business	Mailing Address			15110 1510 1510 1510 1510 1510 1515 1515
222 LAKEVIEW AVE., SUITE 1330 222 LAKEVIEW AVE., SUIT		JITE 1330			
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33					
				DO NOT WRITE IN TH	IS SPACE
				3, Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address		04/12/1996 4. FEI Number	
21	Table of Basiness	26		65-0668726	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	lo	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
ļ	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	NK, WENDY SARTORY		81 Name		
	2 LAKEVIEW AVE., STE. 1330		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
W	EST PALM BEACH FL 33401				
			83		
			84 City		85 Zip Code
dd Diversion	100000000000000000000000000000000000000	00 - 1007 4500 Ft. 11 Oct.		F	
office or r	registered agent, or both, in the State	oz and 607.1508, Florida Statu o of Florida. Such change was	ies, the above-hamed corp authorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered pointment as registered
agent. La	m familiar with, and accept the oblic	jations of, Section 607.0505, F)	orida Statutes.	, ,	· · · · ·
SIGNATURE	Signature: typed or printed name of registered ag	out as a tallo if any head to (647)	f : Reg stered Agent signature requir		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	STD	DELETE	1.1 TOTLE	ACCURACIONAL PROPERTY AND ACCURACY	Change Addition
NAME	ACKERMAN, DAVID P		1.2 NAME		_ , ,
STREET ADDRESS	222 LAKEVIEW AVE., STE. 1	330	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY - ST - ZIP		
TITLE	VO	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LINK, SCOTT J		2.2 NAME		
STREET ADDRESS	222 LAKEVIEW AVE., STE. 1	330	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY - ST - ZIP		
TALE	PDM	DELLETE	3.1 TITLE		Change Addition
NAME	LINK, WENDY S	000	3.2 NAME		
STREET ADDRESS	222 LAKEVIEW AVE., STE. 1	330	3.3 STREET ADDRESS		İ
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TILE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZiP		Change Laddy
NAME		רו מנונונ	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
DITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		L-J DICCIL	6.2 NAME		Change Theorea
STREET ADDRESS			63 STHLET ADDRESS		
CITY-ST-ZIP					
44 I haraby c	ortify that the information concludes	Sec. et al. delice et al. al. al. al. al. delice et	64 CITY-ST-ZIP	0-0-4007000 5-22-00-	

I nereby 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 Block 12 or Block 13 if changed, or on an attachment with an address.