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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998			Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
1. Corporation	_	P96000 GEMENT, INC.	049334 (1))							
Principal Plac	Mailing Address					(405/108) 418 IDAIA DAIA BOM BOMA	HEAR DOWN D	// 			
301 YAMATO SUITE 2200	301 YAMATO RD. Suite 2200										
	N FL 33431-4931		BOCA RATON FL 33431-4931				DO NOT WRIT		S SPACE		
								 Date Incorporated or Qualified 06/10/1996 	ı		
	Place of Business		2a. Mailing Address				1	4. FEI Number		L A	pplied For
21 Suite Ant	ш ме		26					65-0686472			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			1	5. Certificate of Status Desired			Additional Required	
City & State	е		City & State					3. Election Campaign Financing		·····	May Be
23		- 	28				`	Trust Fund Contribution		•	May Be I to Fees
Zip	\vdash	Country	Zip	—	untry	/		3. This corporation owes or has p			
24	25	Address of Current R	29 Registered Agent	30	т			Personal Property Tax due Jun			□ No
МП	CHELL, MARK		тайівтагал мідали		81	Name	10). Name and Address of New R	egistere	d Agent	
		iti NRY & Company, I	INC		82					· · · · · · · · · · · · · · · · · · ·	
	I YAMATO RD.,	INC.	ιο.			ddress ((P.O. Box Number is Not Accepta	ible)			
	CA RATON FL				83						
					84	City		-		es Zin	Code
					1 1	1 1			F		
ONICE OF I	earsterea agent. (or bom, in ing atate of i	rionga, Such change was	. authoriza	เดเกษ	z the corpor	corporation's	on submits this statement for the board of directors. I hereby acceptant	purpose	of changing i	ts registered
agent. I a	m [°] familiar with, ar	nd accept the obligation	ons of, Section 607.0505, F	lorida Stat	lutes	3.	Jiane	bodica or amounts, a monday acces	April 10 to top	эропинов со	Hogistorou
SIGNATURE	Signature, typed or prin	led name of registered agent ar	and ten if applicable (NO	TF Rooislere	d Age	ent signature req	^^ word why	on relactation)	DATE		
12.	Mile	OFFICERS AND D		13.	U /1g	an school or lock	3Quileo m.c	ADDITIONS/CHANGES TO OFF		ND DIRECTOR	RS IN 12
TITLE	D		DELETE	1,1 Tr	TLE					Change	Addition
NAME	HENRY, JOH			1.2 N/	AME						
STREET ADDRESS		D RD. SUITE 2200		1.3 ST	IRFET	ADDRESS					
CITY-ST-ZIP	BUCA RATO	N FL 33431-4931	DELETE	1.4 CI		T-ZIP					-1.,
TITLE NAME	MITCHELL, N	JARK H	☐ DELETE	2.1 TJ						☐ Change	☐ Addition
STREET ADDRESS		O RD. SUITE 2200		22 NA		ADDRESS					
CITY-ST-ZIP		N FL 33431-4931		2.40							
TITLE	D		☐ DELET E	3.1 111		1,711				Change	Addition
NAME	TWIST, EDWI	IN B		3.2 NA							_
STREET ADDRESS		RD. SUITE 2200		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BOCA RATO	N FL 33431-4931		3.4. CI	HY-S	iT-ZIP					-
TITLE	P		DELETE	4.1 101						Change	Addition
NAME OZOZET ABODEON	STANIEWICZ	I, JULIUS A D RD. SUITE 2200		4. 2 N/							
STREET ADDRESS		N FL 33431-4931				ADDRESS					
CITY-ST-ZIP TITLE	V	1 FL 334314831	DELETE	4.4 CIT 5.1 TIT		í-ZIP				☐ Change	Addition
NAME	KENTON, ELI	IZARETH A	L. Petert	5.2 NA						∟ Спапув	Modelon
STREET ADDRESS		INNING PLACE				ADDRESS					
CITY-ST-ZIP	WESTPORT (5.4 CIT		- 1					
TITLE	\$		DELETE	6.1 TIT						Change	Addition
NAME	KOZAK, DAVI			62 NA	ME						
STREET ADDRESS	ONE GLENDI	INNING PLACE		6.3 ST	REET #	address					

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 logal effect as if made under oath; that I em 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.

David M. Kozak

FILED

Feb 17 1998 8:00am