## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT Sandra B. Morth

Secretary of Stat DIVISION OF CORPOR STATE

## **FILED** May 04 1998 8:00am Secretary of State

		# P9600 ANNING ASSISTAN		4 (2)									
Principal Plac	e of Busines	SS	Mailing Add	lress								HI <b>i ii bil ii bil</b> ii i	
6396 GRAND CYPRESS CIRCLE LAKE WORTH FL 33463			6396 GRAN	6396 GRAND CYPRESS CIR LAKE WORTH FL <b>3346</b> 3				DO NOT WRITE IN THIS SPACE					
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									•	Juanned			
2. Principal P	Place of Busi	ness	2a, Mailing /	Address				06/20 4. FEI Nun				17	Applied For
21			26	į			65-0	673301			1	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.									Additional
22			27	27				b. Gerunga	te of Status De	esireo		Fee f	Required
City & State			City & St	City & State					Campaign Fin nd Contribution	_			May Be
Zip	<u> </u>	Country	Zip		Count	'y		8. This cor	poration owes	or has pa	aid the c		
24		25	29		30				Property Tax				<b>X</b> ) No
		and Address of Curre	nt Registered Age	ent	81	1 1		10. Name a	nd Address o	1 New Re	glatere	Agent	
	rscher, e				6	Nam	e						
		CYPRESS CIRCLE			82	2 Stre	et Addres	s (P.O. Box I	Number is Not	Accepta	ble)		
LAI	KE WORTH	I FL 33463			83	3	<del></del>						
									<del></del>				
					84	- 7					F		Code
11. Pursuant office or r	to the provis	ions of Sections 607.056 gent, or both, in the State ith, and accept the oblig	02 and 607.1508, Fe of Florida, Such (	Florida Statute	s, the above	ve-nam	ed corpor	ation submits	this statemen	t for the	purpose	of changing	its registered
	ım mamıllar w	ith, and accept the oblig	gations of, Section	607.0505, Flo	orida Statute	by the c	orporation	n's board of o	lirectors. I here	еру ассе	pt the ap	pointment a	a registered
SIGNATURE		ith, and accept the oblig						n's board of o	lirectors. I here	eby acce	pt the ap	pointment a	
SIGNATURE	Signature, typed	for printed name of requilered ag	ont and trie if applicable	(NOTE	Registered Ag	gent signe		when reinstating)	NS/CHANGES		DATE	ID DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed	or punited name of registered ag OFFICERS AN	ont and trie if applicable		Registered Age 13.	gont signe		when reinstating)			DATE		DRS IN 12
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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 exec te this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or to an attachment with an address.