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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

TROPIC		# P960 MINUM & SCRE	UUU61211 (En, Inc.	4)					
Principal Plac	e of Busines	SS	Mailino Address	Mailing Address					
3585 BOUTWELL ROAD			•	3585 BOUTWELL ROAD					
BAY #1			BAY #1						
LAKE WORTH FL 33461			LAKE WORTH FL 33461				DO NOT WRITE IN THIS SPACE		
U\$			U\$				3. Date Incorporated or Qualified		
<u> </u>							07/19/1996		
2. Principal P	'lac e o f Busi	ness	2a. Mailing Address	<u> </u>			4. FEt Number) · · · · · ·	pplied For
21 Suite Ant	# ala		26	· · ·			65-0682523		ot Applicable
Suite, Apt.	W, BIU.		Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional leguired
City & Stat	te		Cily & State	·			6 Flootian Comparing Financian		
23			h	28			6. Election Campaign Financing Trust Fund Contribution	υυ.c¢ habbA	May Be to Fees
Zip			Ζφ	Country		,	8. This corporation owes or has paid the current		
24	25		29	30			Personal Property Tax due June 30.		No No
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Age	ent	
TILLEY, MICHAEL R					81	Name			
2000 QLADES RD SUITE 208				,	82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431									
1				83					
					84 City			5 Zip	Code
						·	PL!	- '	
office or r agent. I a SIGNATURE			late of Florida Such change bligations of, Section 607.050				oration submits this statement for the purpose of chion's board of directors. I hereby accept the appoint advised when reinstaling!	iment as	s registered
12.		OFFICERS	AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12
TITLE	ļ •		DELETE 1					Change	Addition
		N, CHARLES		1.2 NAA	ME				
STREET ADDRESS		JOHN AVE		1.3 STR	EET.	ADDRESS			
CITY-ST-ZIP	BOYNTO	ON BEACH FL		1.4 CIT	Y - S1	T-21P			
TITLE			DELET	E 2.1 TITL	.E		Ļ	Change	☐ Addition
NAME				2.2 NAM	Æ				
STREET ADDRESS						address			
CITY-ST-ZIP TITLE			T pricri	2 4 C/T	_	IT - ZIP		01	14.460
NAME			☐ DELETI	1			U	Change	Addition
	•			3.2 NAN		I D D D C C C			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE			DELETI	3.4. CITY-ST-ZIP DELETE 4.1 TITLE		T- ZIP		Change	Addition
	NAME		L_I DECEN	4.2 NA				Change	Applition
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP									
TALE	"				4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
NAME				5.2 NAME			٥	3. m. go	Last required
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				5 4 CiTY					
TITLE			DELETE					Change	Addition
NAME				6.2 NAM			<u>-</u>	•	
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				6.4 CITY			·		

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

May 14 1998 8:00am

Secretary of State