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

P96000062774 (0) DOCUMENT #

FILED Apr 22 1998 8:00am Secretary of State

10101	CULLINS AVENUE CORF	.				
Principal Plac	ce of Business	Mailing Address			I 10011001 110 10110 0111 00111 00111 00111 00111 00111 00111 0	HAND COMES COMES COMES AND
222 LAKEVIEW AVE. SUITE 260		5	222 LAKEVIEW AVE. SUITE 260		<u> </u>	
WEST PALM BEACH FL 33401			WEST PALM BEACH FL 33401			
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
					07/24/1996	
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0692934	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State			27			Fee Required
		}η ´	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	.iy	8. This corporation owes or has paid the ci	
24	25 9. Name and Address of Cur	reent Begistered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
177		ment Leftisteten Whatit		1 Name	IU. Hame and Address of New Pagistered	i Ağalıt
	OEPPEL, JOEL P		"	TAME		
222 LAKEVIEW AVE, SUITE 260		1	Ē	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
W	EST PALM BEACH FL 33401		_	3		
			•	3		
			6	4 City		85 Zip Code
					<u> </u>	
office or agent. Le	to the provisions of Sections 607. registered agent, or both, in the Si am familiar with, and accept the of	.0502 and 607.1508, Florida itate of Florida. Such changi bligations of, Section 607.06	Statutes, the abo was authorized 605, Florida Statut	by the corpor es.	rporation submits this statement for the purpose alion's board of directors. I hereby accept the ap	or changing its registered pointment as registered
SIGNATURE						
	Signature, typed or printed name of registered			lgent signature req	ured when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS DELE	13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12 Change Addition
TITLE	ROSENTHAL, DANIEL P					M change M vocation
NAME	4615 LAKE WORTH ROAD	1	1.2 NAM		10. 9. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1
STREET ADDRESS	LAKE WORTH FL 33460	•			1613 Lake Worth Ra	•
CITY-ST-ZIP	DAKE WORTH TE 33400	DELE		-ST-ZIP		Change Addition
TITLE	İ					La cuange La Audilion
NAME			2.2 NAM	ŀ		
STREET ADDRESS	1			ET ADDRESS		
CITY-ST-ZIP		DELE		(-ST-ZIP		Change Addition
TITLE				F		L Onlinge L Modriton
NAME			32 NAM			
STREET ADDRESS				ET ADDRESS		1
CITY-ST-ZIP			3 4. CITY	'- ST- 7IP		1
TITLE		□ nrir				Change Addition
4154 50		☐ DELE	TE 41 TITL			Change Addition
NAME		☐ DELE	TE 4.1 TITLI 4.2 NAM	: 1E		Change Addition
STREET ADDRESS		☐ DELLE	TE 4.1 TITLI 4.2 NAA 4.3 STRE	iet address		Change Addition
STREET ADDRESS CITY-ST-ZIP		_	TE 4 1 TITLI 4. 2 NAA 4.3 STRE 4.4 CITY	EET ADDRESS -ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE		DELE	TE 41 TITLI 4.2 NAA 4.3 STRE 4.4 CITY TE 5.1 TITLI	ME LET ADDRESS -ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	TE 41 TITLI 4.2 NAA 4.3 STRE 4.4 CITY TE 5.1 TITLI 5.2 NAM	EET ADDRESS -ST - ZIP E		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	TE 4 1 TITLI 4 2 NAN 4 3 STRE 4 4 CITY TE 5.1 TITLI 5 2 NAM 5 3 STRE	EET ADDRESS -ST-ZIP EE		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		[_] DELE	TE 4 1 TITLI 4 2 NAM 4 3 STRE 4 4 CHY TE 5.1 TITLI 5 2 NAM 5 3 STRE 5 4 CHY TE 6.1 TITLI 6 2 NAM	E ALE ADDRESS ST - ZIP : : : : : : : : : : : : : : : : : : :		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		[_] DELE	TE 4 1 TITLI 4 2 NAM 4 3 STRE 4 4 CHY TE 5.1 TITLI 5 2 NAM 5 3 STRE 5 4 CHY TE 6.1 TITLI 6 2 NAM	E E E ADDRESS - ST - ZIP		Change Addition

I mereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I for the certify that the informatio indicated on this annual report or suppliemental 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.