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

Principal Place 2575 \$ OCEA SUITE 106 \$	ECHTEN, BURKE & ASSO	Mailing Address PO BOX 99 BOCA RATON FL 33429 US		DO NOT WRITE IN TH	
US				3. Date Incorporated or Qualified	
Delnainal D	Place of Business	2a. Mailing Address		08/22/1996 4. FEI Number	Table 1
21 Principai r	INCO OF DOSITIOSS	26 Maining Address		65-0688548	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City 8 Ctyl		27 City & Ctota			Fee Required
City & Stat	Ð	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	_ · _ ·
24	25 9. Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
Di i			81 Name	10. Hanne with Lindings of How (redistor)	
Burke, John K 2575 South Ocean BLVD Suite 106 S				ress (P.O. Box Number is Not Acceptable)	
HK	GHLAND BEACH FL 33487		83		
			84 City		85 Zip Code
11 Rursuant	to the provisions of Sections 607 C	502 and 607 1508. Florida Statute	es the above-named cor	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered
SIGNATURE	Signature typed sylligered name of registered	Suke-	: Registered Agont signature requ	3/2	23/98
TITLE	C	DELETE	1.1 TITLE		Change Addition
NAME	VAN VECHTEN, JAY H		1.2 NAME		
STREET ADDRESS	2575 S. OCEAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL 334		1.4 CITY-ST-2IP		T 100000
TITLE	BURKE, JOHN K	DELETE	2.1 TITLE		Change Addition
NAME Street address	2575 S. OCEAN BLVD.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL 334	37	2.4 CITY-ST-ZIP		
TITLE	THORID DELICITIES OF THE	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DEL E TE	5.1 TITLE		Change Addition
NAME :			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - \$T - ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
NAME		רי) מנינונ	6.1 TITLE 6.2 NAME		C Country C NOULIUM
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-7IP			6.3 STREET 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 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 or an uttachmost with an address.

2/22/00

FILED

Mar 30 1998 8:00am

Secretary of State