## 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

DOCUMENT #

P96000070668 (4)

SIERRA & LABOY, INC.

Principal Place of Business

Mailing Address

FILED
May 14 1998 8:00am
Secretary of State



501 S. FLAGLER DR STE 506 WEST PALM BEACH FL 33401	501 S. FLAGLER DR STE 505 WEST PALM BEACH FL 33	u40x	DO NOT WRITE IN THIS SPACE
Tiggr Fram Option 12 00101	TECHNICAL DENOTITE OF		3. Date Incorporated or Qualified 08/22/1996
2. Principal Place of Business 21 (UV) 1014 Summit B1.	2a. Mailing Address 26 PO Bok	18047	4. FEI Number Applied For
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	1007 1	65-0692574 Not Applicate
22	27		5. Certificate of Status Desired See Required Fee Required
23 West Palm Beach PC	City & State Palm I	Bon FC	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
245340 5 25 U.S g. Name and Address of Current		0 US	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
FRIEDLAND, KIRK	negistoreo Agent	81 Name	
501 S FLAGLER DR			Address (P.O. Box Number is NotAgreptable)
SUITE 505 WEST PAIN REACH EL 33401			
WEST PALM BEACH FL 33401		83	
		B4 De	ST Palm Beach FL 85 39185
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. <a href="#"></a>			
SIGNATURE Signature Wand or printed name of registered agen	KENEE /	MANON	A SD 4/z5/98*  b required when reinstating) DME
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE	PO □ Change ₩ Additio
NAME SIERRA, CLEOBIS M		1.2 NAME	BRENDAN KILDAYIA
STREET ADDRESS 501 S. FLAGLER DR		1.3 STREET ADDRESS	PO BOX 18047 NIS
CITY-ST-ZIP WEST PALM BEACH FL 33401		1.4 City-\$1- <i>z</i> ip	West Falm Beach ML 33416
TITLE SD	DELETE	2.1 TITLE	Sp Change X Additio
NAME LABOY, CANDIDA C		2.2 NAME	RENEE UILLANOVA
STREET ADDRESS 501 S. FLAGLER DR		2.3 STREET ADDRESS	PO 1304 1804 1 NIT
CITY-ST-ZIP WEST PALM BEACH FL 33401		2. 4 CITY-ST-ZIP	West Falm Beach FC 33414
TITLE	L DELETE	3.1 TITLE	∠ρ □ Change □ Additio
NAME		3.2 NAME	NEWNETH C. VANDER WIEV
STREET ADDRESS		3.3 STREET ADDRESS	5709 19 Th AVE S.
CITY-ST-ZIP		3.4. CITY-ST-ZIP	ST PETEZSBURG, FL 33707
TITLE	☐ DELETE	4.1 TITLE	L. Change L. Additio
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-S1-ZIP	
TITLE	☐ DELETE	51 TITLE	Change Additio
NAME OTHER ADDRESS		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Additio
NAME	E been	6.2 NAME	L Change L Adulto
STREET ADDRESS	•		
		6.3 STREET ADDRESS	
City-st-zip  14. I hereby certify that the information supplied with	h this filing does not qualify for	■ 6.4 CiTY-ST-ZiP the exemption state	1 ed 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.			