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

P96000073714 (3)

FILED Mar 09 1998 8:00am Secretary of State

Principal Plac	NAPLES ALE HOUSE AND se of Business GE AVE. SUITE C-6 33458	Mailing Addr	ess IGE AVE. SUITE	E C-6		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1996
2. Principal P	Place of Business	2a. Mailing Ad	ddress			4 FEI Number Applied For
21		26				APPLIED FOR 65-0692557 Not Applicable
Suite, Apt	#, elc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	<u> </u>		Country		8. This corporation owes or has paid the current year intangible	
24	25 9. Name and Address of Curre	29]	<u>3</u>	<u> 0 </u>		Personal Property Tax due June 30. Yes No
		ant wagistered Affer	<u></u>	81	Name	
	LLER, JOHN W			L_		
612 N ORANGE AVE, SUITE C-6 JUPITER FL 33458				82	Street	et Address (P.O. Box Number is Not Acceptable)
30	FIREN FL 33430			83		
				84	City	85 Zip Code
					'	FL '
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I a	arn familiar with, and accept the obli	igations of, Section 6	07.0505, Florid	da Statutei	3.	
SIGNATURE	Signature, typed or preded name of registered a	apent and the if applicable	(NOTE I	Registered Ape	ent signature	ure required when reinstating) DATE
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		Change Addition
NAME	MILER, JOHN W			1.2 NAME		
STREET ADDRESS	18775 SE RIVER RIDGE RD)		1.3 STREET	ADDRESS	s
CITY-ST-ZIP	TEQUESTA FL 33469			1.4 CITY-S	T-ZIP	
TITLE		LJ] DELETE	2.1 TITL€		Change Addition
NAME				2.2 NAME		
STREET ADDRESS	,			2.3 STREET		S
CITY-ST-ZIP		-	DELETE	2 4 01117-1	ST-ZIP	Change Addition
TITLE NAME) Prefet	3.1 TITLE		Li Stange Li Adomon
				3 2 NAME	ADDOCCO	
STREET ADDRESS				3.3 STAFFT		s
CITY+ST-ZIP TITLE			DELETE	3.4. CHY-5 4.1 TITLE	DI * LIP	Change Addition
NAME		_		4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	s
CITY-\$1-ZIP	1			4.4 CITY - S		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS	1			5.3 STREET	ADDRESS	s
CITY-ST-ZIP				5.4 CITY-S	17-ZIP	
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STACET	ADDRESS	s
CITY-ST-ZIP	1			6.4 CITY-S	T-ZIP	

14. Thereby 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 arrupal 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 of 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 chapted, given an attachment with an address.

2/98 561-743-2299