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 # P96000076339 (6)

DENISE PAQUETTE, P.A.

FILED Mar 03 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				1 144(188) NA 1810 ANI ANI BOLL ANI 1801 1801 BILL HILL HILL BUL 1811			
1505 N RIVERSIDE DR #407			1505 N RIVERSIDE DR #407							
POMPANO BEACH FL 33062		POM	POMPANO BEACH FL 33062				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified	HOL		
							08/28/1996			
2. Principal P	lace of Business	2a. Mai	ling Address				4. FEI Number	A	pplied For	
21	_	26	26				65-0700099	_	lot Applicable	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27					5. Certificate of Status Desired	Fee F	beriupel	
City & State		City	City & State				Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution		to Fees	
Zip	Country	Zip		Countr	y		8. This corporation owes or has paid the curre			
24	25	29	I Amoust	30]			Personal Property Tax due June 30. 10. Name and Address of New Registered A		l No	
	9, Name and Address of Curre	iir nagistered	Agent	81	П ,	Name	10. Name and Address of New negistered A	gent.		
	NOTT, LAWRENCE			["	`]_'	Name		_		
	505 N RIVERSIDE DR #407		82 Stre			Street Addre	Address (P.O. Box Number is Not Acceptable)			
P	OMPANO BEACH FL 33062			83	+					
				"	1					
				84	1	City	FL	85 Zip	Code	
44 Purguent	to the provisions of Sections 607.066	12 and 607 16	ing Florida Statu	iloo tho abou		named corps	pration submits this statement for the purpose of c	hanaina	ite registered	
office or r	egistered agent, or both, in the State	e of Florida. Si	uch change was	authorized b	y th	he corporation	on's board of directors. I hereby accept the appo	intment a	s registered	
agent. I a	m familiar with, and accept the oblig	jations of, Sec	tion 607.0505, F	lorida Statute	95,					
SIGNATURE	Signature, typed or printed name of registered ag	and and tale it appli	cable (NO	IF: Requestored Ar	- toan	eignature require	id whon reinstating) DATE			
12.	OFFICERS AN			13.		aignature rodumot	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	D		DELETE	1,1 TITLE				Change	Addition	
NAME	PAQUETTE, DENISE			1.2 NAME						
STREET ADDRESS	1505 N RIVERSIDE DR #40)7		1.3 STREE	T AD	DORESS				
CITY-ST-ZIP	POMPANO BEACH FL 3300	32		1.4 C/TY-	ST-Z	ZIP			ļ	
TITLE			DELETE	21 TITLE				Change	Addition	
NAME				22 NAME						
STREET ADDRESS				2.3 STREE	T AD	ODRESS				
CITY-ST-ZIP				2.4 CITY-	ST-	- ZIP			1	
TITLE			DELETE	3.1 TITLE				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	T AD	ODRESS			}	
CITY+S1-ZIP			•	3.4. CITY-	ST-	ZIP				
TITLE			DELETE	4.1 TITLE				Change	Addition	
NAME				4. 2 NAME	Ē					
STREET ADDRESS				4.3 STREE	T AD	DDRESS			1	
CITY-ST-ZIP				4.4 CITY-	ST - 7	ZIP			ļ	
TITLE			DELETE	5.1 TITLE				Change	Addition	
NAME				5.2 NAME)			j	
STREET ADDRESS				5.3 STREE	TAD)DAESS				
CITY-ST-ZIP				5.4 CITY-						
TITLE			DELETE	6.1 TITLE				Change	Addition	
NAME				6.2 NAME		1		-	1	
STREET ADDRESS				6.3 STREE		DDRESS				
CITY-ST-ZIP				6.4 City-						
	ertify that the information supplied w	ith this filing o	ioes not qualify f				Section 119.07(3)(i). Florida Statutes. I further certi	fy 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 change for on an attachment with an address.

2/18/98 19541781-5267