## 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 # P96000083018 (7)

FILED Jan 16 1998 8:00am Secretary of State

1. Corporation WILLIA	M H. FERGUSON, CPA, P.	A.			(HJ) <b>(1) (</b>	
Principal Place of Business Mailing Address				ı sadırağı isə idilib əsini ədisi bəlin ədili dürül idilib	INTEL DESCRIPTION OF SOME STATE	
9550 NW 24TH ST. 9550 NW 24TH ST.						
SUNRISE FL 33322 SUNRISE FL 33322				DO NOT HIDITE IN THIS COACE		
				DO NOT WRITE IN THIS SI  3. Date Incorporated or Qualified	PACE	
				10/04/1996		
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		26		65-0697760	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required		
<b>_</b>	City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre		
24	25	29	30		Yes No	
	g, Name and Address of Curre	nt Registered Agent	81 Name	10, Name and Address of New Registered A	gent	
	RGUSON, DARRYL V		81 Name			
11700 NW 38TH PLACE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUNRISE FL 33323			83			
			[63]			
			84 City		85 Zip Code	
44 Day and the second of Day and Control of Day and				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	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statutes.	,	,	
SIGNATURE	Signature, typed or printed name of registered ag	ALCO AND III - WILLIAM AND	7 10			
12.		ID DIRECTORS	E: Registered Agent signature requirement 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE		Change Addition	
NAME	PEROLICON WHITEAUTI		1.2 NAME	_		
STREET ADDRESS	APPA NEW AUTH AT		1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33322		14 CITY-ST-ZIP			
TITLE		DELETE	21 TITLE		Change Addition	
NAME			2.2 NAME	_	_ ,	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		j	
TITLE		☐ 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		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	<u>_</u>		5.4 CITY - ST - ZIP			
TITLE	T	DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CiTY-ST-ZiP			
4 1 1 1	116 11 111 111 111	15				

4. 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 on an attachment with an address.

SMATURE, LA 100 DOLLA XXX TO A PL OXONO 1