FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Jan 27 1998 8:00am

1	Secretary of State 1998 DIVISION OF CORPORATIONS			Secretary of State					
1. Corporation	MENT # P9600 ETALS, INC.	00090307 (5)							
Principal Place of Business Mailing Address								<u> </u>	
703 LUCERNE AVE PO BOX 1625									
208 LAKE WORTH FL 33460 US						DO NOT	WRITE IN TH	HIS SPACE	
US					3. Date Incor	3. Date Incorporated or Qualified			
2 Principal D	lace of Business	2a. Mailing Address	·—		11/04/1				
2. Principal P	lace of Business	26. Mailing Address			4. FEI NUMBO				oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 -			of Status Desir	ed 🗓		Additional
22		27							equired
City & State City & State					1	ampaign Finan Contribution	cing 🖂		May Be to Fees
Zip	Country	Zip	Cour	ntry			has paid the	current year Int	
24 25 29 30					Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curr	ent Registered Agent		B1 Name	10. Name and	Address of N	lew Register	red Agent	1.767
MICELI, LAWRENCE G									
737 E ATLANTIC BLVD POMPANO BEACH FL 33060				82 Street	Address (P.O. Box Nu	mber is Not Ac	ceptable)		ALL
			Ī	83		4x3+1, 2, 1,23, 1,		and a limit have all	. The said of the said
			-	84 City	· · · · · · · · · · · · · · · · · · ·			85 Zip	Code
44 Qureuent	to the provisions of Sections 607 (I	202 and 607 1508 Elevida Statute	20 100 06	ovo pamod	corporation submits f	nic atofamont fr			te registered
office or r	to the provisions of Sections 607.0: egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was a	authorized	by the corp	poration's board of dire	ectors. I hereby	accept the	appointment as	registered
SIGNATURE	in faithle with, and accept the con	igations of, decitor our loops, Fig	nica stati	1105,					
	Signature, typed or printed name of registered a			Agent signature	required when reinstating)	- Marting A	DA		
12.	D OFFICERS A	NO DIRECTORS DELETE	13.	E	ADDITIONS	CHANGES TO		AND DIRECTOR	Addition
NAME	BECKER, JOHN C J R		1.2 NA		BECKER	JOHN	٥.	Cast Strongs	
STREET ADDRESS	703 LUCERNE AVE		1	EET ADORESS		-		***:	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CIT	Y-ST-ZIP					
TITLE		DELETE	2.1 TITI	£	- -	· ·· · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			2,2 NAI						1
STREET ADDRESS				EET ADDRESS					į
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NAME (3,2 NA	AE .					
STREET ADDRESS			3.3 STF	EET ADDRESS]
CITY-ST-ZIP_				Y-ST-ZIP	<u> </u>				=
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CITY-ST-ZIP			1	Y-ST-ZIP					
TITLE		DELETE	5.1 TITI		·	10 1 (Marie 5)		Change	Addition
NAME			5.2 NA	AE ,					}
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	·	DELETE		r-st-zip			- +-;	Change	Addition
TITLE		FT nerete	6.1 TITE 6.2 NAM	į,				L ∪ Grange	- Addition
STREET ADDRESS				EET ADDRESS					
OTHER PUBLICAS	1 		3.3 317						ļ

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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 chapted, or on an attachment with an address.