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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000098132 (9) DOCUMENT

1650 DUNLAWTON AVENUE, INC.

Principal Place of Business

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

C/O HOHL & PARTNERS, INC.-ATTN M. SCOTT SIXTY STATE STREET, SUITE 700

BORMANN, ELMAR

FRIEDENSTRASSE NO 5

97072 WURZBURG GE

YOUNG, GREGORY E

PALM BCH FL

250 ROYAL PALM WAY STE 300

Mailing Address

C/O HOHL & PARTMERS, INC.-ATTN M. SCOTT SIXTY STATE STREET, SUITE 700

FILED May 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE **BOSTON MA 02109** BOSTON MA 02109 3. Date Incorporated or Qualified 12/04/1996 2. Principal Place of Business 2a. Mailing Address Applied For c/o 1650 Dunlawton Avenue LC 21 59-3422065 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 160, Box 152 Fee Required 22 Cily & State City & State 6. Election Campaign Financing \$5.00 May Be West Palm Beach FL 33401 П 23 Trust Fund Contribution Added to Fees Zin Country Country 8. This corporation owes or has paid the current year Intangible 33401 Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YOUNG, GREGORY E 250 ROYAL PALM WAY, SUITE 300 Street Address (P.O. Box Number is Not Acceptable) 82 PALM BEACH FL 33840 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. If am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed harve of registered agent and title if spolicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE 1.1 1111.6 Change Addition NAME **GERRELL, MICHAEL** 1.2 NAME FRIEDENSTRASSE NO 5 STREET ADDRESS 1.3 STREET ADDRESS 97072 WURZBERG GE CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition DVP 2.1 T(TLE TITLE SCOTT, MARK S NAME 2.2 NAME **SIXTY STATE STREET STE 700** STREET ADDRESS 2 3 STREET ADDRESS **BOSTON MA** CITY-ST-ZIP 2 4 CITY - ST - ZIP

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6.4 CITY - ST - ZIP CITY-ST-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 suppliemental 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 constraint 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 ment with an address

3.1 TITLE

3.2 NAME

4.1 TITLE

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5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.3 STREET ADDRESS

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