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

**PROFIT** CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9700006733 (4)

Mailing Address	****	
1201 S.W. 21ST STREET		•
BOCA RATON FL 33486		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified
		01/17/1997
10.1		4. FEI Number Applied Fo
Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & State	····	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
irrent Registered Agent		10. Name and Address of New Registered Agent
	81 Name	
SOLLINGER, NEIL D 1201 S.W. 21ST STREET BOCA RATON FL 33486		Address (P.O. Box Number is Not Acceptable)
	83	
	84 City	FL 85 Zip Code
,	City & State  28  7ip  29  30  urrent Registered Agent  7.0502 and 607, 1508, Florida Statutos, the	26   Suite, Apt. #, etc.   27   City & State   28   Zip   Country   30

agent I am f	familiar with, and accept the obligations of, Section 607.0505, Florid	da Statutes.	polation o god a of oncotions, i horosty according		
SIGNATURE	ealure typied of protect came of requirer dispiral and little if Applicable (NOTE F	Tegistered Agent signature	required when reinstating) DAT	<u> </u>	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	IS IN 12
TITLE	DELFTE	1.1 TOTLE	P, V, T, S	Change	Addition
NAME		1.2 NAME	NOIL SOLLINGOR		•
STREET ADDRESS		1.3 STREET ADDRESS	1201 S.W. 21 STREET		
CITY-ST-ZIP		1 4 CITY-ST-ZIP	Noic soccinger 1201 S.W. 21 STREET BOCAFATON FC 33486		
TITLE	DELETE	2 1 TITLE		☐ Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		23 STREET ADDRESS			
CITY-ST-ZIP		2 4 CITY-ST-ZIP			
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		44 CITY-ST-ZIP			
TITLE	☐ DELETÉ	51 TITLE		☐ Change	Addition
NAME		5.2 NAME	,		
STREET ADDRESS		5 3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY_CT_ZID	<i>[</i> ]	6 A CITY - ST. 7IP			

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an itrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in twith an address. 14. Thereby certify that the information indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if changed of

1/21/98

888 256 2006

**FILED** 

Feb 13 1998 8:00am

Secretary of State