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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Feb 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1	MENT # P9700( OMPONENTS,INC.	0011097 (7)	)	
Principal Place of Business Mailing Address				
			<b>.</b>	
		100 EAST LINTON BLVE #304B	ν.	
DELRAY BEACH FL 33483		DELRAY BEACH FL 33483		DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualified
2. Principal Place of Business				01/31/1997
<del> </del>	lace of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied Bo
Suite, Apt. #, etc.		26		THE Application
22				5. Certificate of Status Desired
City & State		City & State		
<del></del>		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
RO	THMAN, LEE M		81 Name	
AND ADDODATE MILE ALLE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
SUITE 134				
BOCA RATON FL 33431			83	
			84 City	85 Zip Code
				FL   T
agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or proted harve of registered age	tions of, Section 607.0505, F	authorized by the corpor lorida Statutes.  TE Registered Agent signature rec	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME	1,001,101,1101		1,2 NAME	
STREET ADDRESS 100 EAST LINTON BLVD. #304B		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY - ST - ZIP	
TITLE		L DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADORESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		T pricts	2. 4 CITY - ST - ZIP	Character and Assistan
TITLE		☐ DELETE	3.1 TITLE	L_J Change L_J Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME			4. 2 NAME	G ordinge G Noonion
STREET ADDRESS			4.2 STREET ADDRESS	
l i			4.4 CHY-SI-ZIP	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	the state of the s
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
Street Appricos			ST STREET REPUREOU	

14. 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 arrival 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.

FURTHER MAN Alan Plant akker GUDA-G