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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000013644 (4)

FILED Apr 03 1998 8:00am Secretary of State

Principal Place	FEDERAL HIGHWAY	Mailing Add	H FEDERAL HIGHWAY					
BOCA RATON FL 33487		BOCA RATO	BOCA RATON FL 33487		DÓ NOT WRIT	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	ı		
					02/11/1997			
—¬ `	Place of Business	2a, Mailing A	Address		4. FEI Number	/S/ T	Applied For	
21 Suite Ant	4 -to	26	vi # afa		35-073670	· · · · · · · · · · · · · · · · · · ·	Not Applicable	
Suite, Apt.	#, etc.	Suite, Ap	01. #, etc.		5. Certificate of Status Desired		Additional Required	
City & State	<u> </u>	27] City & St	alo		C Flactice Compaign Financing		'	
23]		28			6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
Zip	Country	Zip	Col	untry	8. This corporation owes or has p			
24	25	29	30		Personal Property Tax due Jur		☐ No	
	9. Name and Address of Cur	rent Registered Age	ent	81 Name	10. Name and Address of New F	Registered Agent		
343 CO	ERILAWYER CHARTERED 3 ALMERIA AVENUE RAL GABLES FL 33134			82 Street Add	MNA RESUMS dress (P.O. Box Number is Not Accept NORTH FEDERAL S 300 UCA RATON	FL 85 Z	p Code 3487	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607/1508, F	lorda Statules, the a	above-named co	rporation submits this statement for the	purpose of changing	e registered	
SIGNATURE	Signature Ashad or printed name of registered	agent and title if applicable	(NOTE: Registore	above-named co ed by the corporatules.	rporation submits this statement for the ation's board of directors. I hereby according to the property of the	1/5/98 DATE / 98	<u>. </u>	
SIGNATURE	Signature Assad or printed name of registered OFFICERS	agent and title if applicable AND DIRECTORS	(NOTE: Registore	above-named co ed by the corporatules. Porto ad Agent signature req		1/5/98 DATE / 98	ORS IN 12	
SIGNATURE 12. TITLE	Significate Arriad or purified name of registered OFFICERS /	agent and title if applicable AND DIRECTORS	(NOTE: Registore	above-named co and by the corporatules. Parallel and Agont signature req	OUT SELECT oured when reinstating) ADDITIONS/CHANGES TO OFF	DATE SAND DIRECTO	ORS IN 12	
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14. I hereby certify that the information supplied with this filling 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 copporation or the receiper of 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 attantiment with an address.

CIONIATURE.