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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000017504 (6)

Principal Place of Business	Mailing Address
250 AUSTRALIAN AVE SOUTH SUITE 1003	250 AUSTRALIAN AVE SOUTH SUITE 1003
WEST PALM BEACH FL 33401	WEST PALM BEACH FL 33409

FILED Apr 16 1998 8:00am Secretary of State

CSC B	EAU-T, INC.				
Principal Place	e of Business	Mailing Address		t toutister and taken state about about about about beint that these built about the rest.	
250 AUSTRALIAN AVE SOUTH SUITE 1003 WEST PALM BEACH FL 33401 250 AUSTRALIAN AVE SOUTH SUITE 1003 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
6 Principal B	lace of Business	2a. Mailing Address		02/24/1997 4. FEI Number X1Applied For	
21	IdOO OF DUSINESS	26		4. FEI Number Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		SR 75 Additional	
22		27		5. Certificate of Status Desired Fee Regulred	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees	
24	25	<u>├</u> ── '	100 mily	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
<u>1</u>	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
SC	HLESINGER, JASON		81 Name		
	250 AUSTRALIAN AVE SOUTH			t Address (P.O. Box Number is Not Acceptable)	
	ITE 1003				
WE	ST PALM BEACH FL 33401		63		
			84 City	85 Zip Code	
				FL FL FL FL FL FL FL FL	
office or n agent. I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statutes.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed or printed name of registered ac OFFICERS At	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	1.1 TITLE	D/P Change X Addition	
NAME			1.2 NAME	Bernard Green	
STREET ADDRESS			1.3 STREET ADDRESS	4001 North Flagier Ur	
CITY-ST-ZIP			1.4 CITY - ST - ZiP	west Palm Beach Fl	
TITLE	· _ ·	☐ DELETE	2.1 TITLÉ	Channe M Addition	
NAME			2.2 NAME	Jason Schlesinger	
STREET ADDRESS			2 3 STREET ADDRESS	1 // α // σ // σ	
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Stamford Ct 06905 Change Addition	
NAME		C OFFER	3.2 NAME	L Grange L Padition	
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	1	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-Zip		☐ DELETE	5.4 CITY-ST-ZIP	Change Addition	
TITLE		ווי טינונונ	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	Land the state of	with this filling does not available	6.4 CITY-ST-ZIP	ted in Contine 110 07/2Vi) Florida Statutos Liurther cortifu that the information	

I nereby 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 corporation or titly receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachant with an address.