## 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 # P97000021845 (7)

FILED
May 13 1998 8:00am
Secretary of State

11 21 00 (CI) 219 0221

JMKA I	NC.					
Principal Plac	e of Business	Mailing Address		-		
9835 CALLAN CT 9835 CALLAN CT BOYNTON BEACH FL 33437 BOYNTON BEACH FL 3343			3437		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 03/04/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	┨
21		26			65-0734797   Not Applicable	,
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	٦
22		27			5. Certificate of Status Desired Fee Required	╛
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	1
23		28	T 6 .	<u> </u>	Trust Fund Contribution	4
Zip	Country	Z <sub>i</sub> p	Country	,	8. This corporation owes or has paid the current year Intangible	-
24	25 Surrey	[29]	30		Personal Property Tax due June 30.   Yes No	4
	9. Name and Address of Curren	it Hedistelen Washt	81	Name	10. Name and Address of New hegistered Agent	┨
	ITTHEWS, JAMES H			14ame		
9835 CALLAN CT		1	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	7
BO	YNTON BEACH FL 33437		83			$\exists$
				L		1
			84	City	FL 85 Zip Code	٦
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the above authorized by lorida Statute	e-named co the corpor 3.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered age		<del></del>	int signature req	quired when reinstating) DATE	↲
12.	OFFICERS ANI	DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	$\dashv$
TITLE			1.1 TITLE		James H. Mathews	-
NAME			1.2 NAME 1.3 STREET ADDRESS		1835 Callan Court	1
STREET ADDRESS			1.4 CITY-ST-ZIP		Boynton Beach, FL 33437	
CITY-ST-ZIP TITLE		DELETE	2.1 TITLE	5		Η.
NAME			2.2 NAME	١	Caren Antonucci	
STREET ADDRESS			2.3 STREET	ADDRESS Q	1835 Callan Court	١
CITY-ST-ZIP			2.4 CITY - ST - ZIP		Boynton Beach FL 33437	
TITLE		DELETE	3.1 TITLE	,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	Change Addition	1
NAME			3.2 NAME		,	ı
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		1
TITLE		DELETE	4.1 TITLE		Change Addition	٦
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	٦
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		-
CITY-ST-ZIP			5.4 CfTY - S	T-ZIP		╛
TITLE		DELETE	6.1 TITLE		Change Addition	1
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY_ST_7ID			64 CITY S	T - 7JP		- 1

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 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 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.