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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1998 8:00am

Secretary of State

581 368-0663

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCU 1. Corporation	MENT # P9700	00024371 (1)		
	IOSES, P.A.	•	•		
Principal Plac	e of Business	Mailing Address			BOILD IFOIL BIODS HEIR FROM HIS INS
1 SOUTH OCEAN BLVD. 1 SOUTH OCEAN BLVD.			/D.		
SUITE 317 SUITE 317			•	DO NOT WRITE I	NI THIC COACE
BOCA RATON FL 33432 BOCA RATON FL 33432			32	3. Date Incorporated or Qualified	IT IT IS STACE
				03/18/1997	
2. Principal Place of Business 2a. Mailing Add		2a. Mailing Address		4. FEI Number	Applied For
21		26		#65-0736264	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		26		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation owes or has paid	7,0000 10 1000
24	25	29	30	Personal Property Tax due June 3	
	g, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Reg	Istered Agent
MO	ISES, DAN		B1 Name		
1 SOUTH OCEAN BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)
	ITE 317				
BO	CA RATON FL 33432		83		
			84 City	V	85 Zip Code
44 Duranant	to the management of Continue COZ (C	600 1 007 1600 Ft 1 O			FL
office or r	egistered agent, or both, in the Sta	suz and 607, 1508, Florida Sta ite of Florida. Such change wa	lutes, the above-named corp is authorized by the corporal	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Statutes.		•
SIGNATURE	Signature, typed or printed name of registered	agent and the if applicable th	IOTE: Registered Agent signature requi	red when rainstating)	DATE
12.		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSTD	DELETE	1.1 TITLE	# ** ** ** ** ** ** ** ** ** ** ** ** **	☐ Change ☐ Addition
NAME	MOSES, DAN		1.2 NAME		
STREET ADDRESS 1 SOUTH OCEAN BLVD. STE 317		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432	Deserve	1.4 CITY~ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		(
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 31 TITLE	* * * * * * * * * * * * * * * * * * *	Change Addition
NAME		L. Veteri	3.2 NAME		C) Change C Addition
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			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 TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereov c	ertify that the information supplied	with this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the information
Officer or c	on this annual report or supplemendirector of the corporation or the re or Block 13 if changed, or on an ar	ceiver ar trustee empowered t	ccurate and that my signatur o execute this report as requ	re shall have the same legal effect as if m uired by Chapter 607, Florida Statutes; an	ade under oath; that I am an dithat my name appears in